

Case Number:	CM15-0112294		
Date Assigned:	06/18/2015	Date of Injury:	04/30/2013
Decision Date:	07/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old male, who sustained an industrial injury on April 30, 2013 while working as a shipping clerk. The injury occurred when a component fell on the injured workers left hand and the hand became lodged in a duct. The injured worker has been treated for left upper extremity complaints. The diagnoses have included upper causalgia, carpal tunnel syndrome, cubital tunnel syndrome, left radial styloid tenosynovitis and left ulnocarpal impingement. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, wrist brace, elbow brace, occupational therapy, a home exercise program, left carpal tunnel release surgery, left ulnar nerve release and a left wrist arthroscopy. Current documentation dated June 4, 2015 notes that the injured worker reported constant left hand, arm and elbow pain. The pain was noted to radiate to the left shoulder and upper arm. The pain was characterized as pressure- like, throbbing and tingling. Examination of the left wrist revealed tenderness to palpation, an effusion and instability in the wrist joint. Range of motion was noted to be decreased. A Tinel's sign was negative. The treating physician's plan of care included a request for physical therapy sessions # 12 for the left wrist as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 physical therapy of the left wrist; 2-3 times a week for a total of 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 visits physical therapy left wrist 2 to 3 times per week for four weeks for 12 visits is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are causalgia of upper limb; pain in soft tissues of limb; bicipital tenosynovitis; carpal syndrome; and other lesion of median nerve. The date of injury is April 30, 2013. Subjectively, the injured worker continues to complain of pain in the left hand, arm and elbow according to a June 4, 2015 progress note. These symptoms have been chronic and present for two years. The injured worker underwent carpal tunnel release surgery and left wrist arthroscopy October 2013. The injured worker had left ulnar nerve surgery January 2015. Objectively, there is decreased range of motion in the left hand and wrist. The medical record did not contain prior physical therapy treatment/progress notes. The medical record did not contained prior occupational therapy treatment/progress notes. The total number of physical therapy sessions is unspecified in the medical record. There was no documentation demonstrating objective functional improvement with prior physical therapy. The injured worker was already engaged in a home exercise program and the documentation is unclear as to how a new course of physical therapy would be beneficial. There were no compelling clinical facts indicating additional physical therapy is clinically indicated. Consequently, absent clinical documentation of prior physical therapy/occupational therapy, prior physical therapy/occupational therapy progress notes and compelling clinical facts indicating additional physical therapy is clinically indicated, 12 visits physical therapy left wrist 2 to 3 times per week for four weeks for 12 visits is not medically necessary.