

Case Number:	CM15-0114176		
Date Assigned:	06/22/2015	Date of Injury:	09/02/2014
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old female, who sustained an industrial injury on 9/02/2014, while working as an office assistant. She reported pain and numbness to her right hand from typing. The injured worker was diagnosed as having carpal tunnel syndrome right wrist status post carpal tunnel release and tenosynovectomy (2/04/2015), dorsal wrist tendinitis right wrist, and flexor tendinitis little finger right hand. Treatment to date has included diagnostics, bracing, medications, surgical intervention, cortisone injection, and physical therapy. Currently, the injured worker reported doing home exercise program. Her pain was rated 6/10 and she was approved for pain management. Therapy and medications did seem to be helping, noting pain decrease by 3 points and allowing her to do activities of daily living. Her main problem was pain at the back of the wrist. The little finger was straightening out better and the carpal tunnel was feeling better. The numbness was present but improving. Exam noted wrist range of motion was two thirds of normal. There was mild numbness in the median nerve distribution. She was almost able to fully extend the little finger and finger flexion was full. Medications included Cymbalta, Motrin, Topamax, Naprosyn, and Zorvolex. She was released to modified duty. She completed at least 16 sessions of physical therapy as of 5/06/2015. It was documented that she demonstrated good compliance with home exercise program. The treatment plan included continued post-operative physical therapy, 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Post-Operative Physical Therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" In this case, the patient underwent 16 sessions of post-op therapy without clear documentation of efficacy. There is no documentation as to why the patient cannot perform home exercise. Therefore, the request to continue 8 physical therapy sessions is not medically necessary.