

Case Number:	CM15-0115522		
Date Assigned:	06/23/2015	Date of Injury:	06/24/2010
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female patient who sustained an industrial injury on 06/24/2010. The accident was described as while working as a food server, then as an office clerk she suffered a traumatic injury to the right upper extremity and with persistent complaint of right shoulder, cervical and lumbar spine pains. The patient has trialed oral medications, modified or of work duty, physical therapy sessions, injections. A more recent primary treating office visit dated 04/20/2015 reported the patient with subjective complaint of having continued residual right sided wrist and hand pains accompanied with numbness and tingling and weakness. The recommendation was for the patient to undergo post-operative physical therapy session. In addition, recommendation to proceed with left carpal tunnel release. The following diagnoses were applied: carpal tunnel syndrome; pain in limb; cervical radiculopathy; hand strain/sprain; lumbosacral radiculopathy; shoulder tendinitis/bursitis; ankle tendonitis/bursitis; wrist tendonitis/bursitis; elbow tendonitis/bursitis; trigger finger, and foot strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the Right Wrist QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Review indicates the patient is s/p right CTR in December 2014 with 12 post-op visits. Current request for an additional 12 visits was modified to 4 sessions. Chronic guidelines are applicable beyond the acute post-operative period for CTR over 7 months ago. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional Physical Therapy for the Right Wrist QTY: 12 is not medically necessary and appropriate.

Post-Operative Acupuncture for the Right Wrist QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Request for acupuncture was modified from 6 sessions to 3 visits. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received prior sessions of acupuncture for this chronic injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, nor is there any decrease in medication usage from conservative treatments already rendered. The Post-Operative Acupuncture for the Right Wrist QTY: 6 is not medically necessary and appropriate.

Post-Operative Physical Therapy for the Left Wrist QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Review indicates the left carpal tunnel release surgery has not been authorized. The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient has not been authorized for CTR on the left wrist to support for postoperative PT treatment. The Post-Operative Physical Therapy for the Left Wrist QTY: 12 is not medically necessary and appropriate.