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| Case Number: | CM15-0119776 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 09/13/2013 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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 33-year-old female, who sustained an industrial injury on 9/13/13. Initial complaints were for overuse cumulative trauma. The injured worker was diagnosed as having overuse upper extremity tendinopathy; carpal tunnel syndrome. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 4/24/15 indicated the injured worker was in this office for an orthopedic re-evaluation and treatment. She reports she has significant right greater than left wrist pain and arm pain. She has constant numbness and tingling and rates her pain as 4/10. She is taking Tylenol as needed. She is not attending therapy and is not presently working. Physical examination of the bilateral hands/wrist notes tenderness to palpation over the ulnar and radial aspect of the bilateral wrists. There is decreased grip strength and decreased median nerve sensation. She has mild decreased sensation to the dorsum of the hand and to the forearm. The provider notes the injured worker has full range of motion with audible crepitation on flexion and extension. The provider also notes an EMG/NCV of the upper extremities was reviewed and it is dated 4/6/15. It is reported as normal. Given the results of the EMG/NCV study, the provider's treatment plan included physical therapy 8 visits for bilateral upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 visits bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: 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 Physical therapy 8 visits bilateral upper extremity is not medically necessary and appropriate.