

Case Number:	CM15-0122801		
Date Assigned:	07/07/2015	Date of Injury:	05/02/2013
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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 43-year-old female who sustained an industrial /work injury on 5/2/13. She reported an initial complaint of neck, back, right shoulder pain. The injured worker was diagnosed as having right carpal tunnel release. Treatment to date includes medication, surgery, physical therapy sessions of the right wrist, and diagnostics. Currently, the injured worker complained of right hand/wrist pain. Per the primary physician's report (PR-2) on 5/8/15, the numbness is better after the second surgery to right wrist, pain is the same. The wound has healed well, sensation is better, tenderness at volar palm, and limited flexion s/p carpal tunnel release to right (x2). The requested treatments include physical therapy that will include diathermy, electrical muscle stimulation, massage and ultrasound to the right wrist and work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy that will include diathermy, electrical muscle stimulation, massage and ultrasound times 2 to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 125-126, Postsurgical Treatment Guidelines Page(s): 16.

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 that will include diathermy, electrical muscle stimulation, massage and ultrasound times 2 to the right wrist is not medically necessary or appropriate.

Work conditioning times 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, 125-126, Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, pages 125-126.

Decision rationale: Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for therapy. Additionally, work conditioning is generally not a consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of physical therapy. There should be a clear understanding of the specific goal that cannot be performed independently. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available not been demonstrated here. The worker must be no more than 2 years past date of injury and treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities, not demonstrated here. Upon completion of

the rehabilitation program, neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The individual in most cases can perform work conditioning after initial instruction by a Physical Therapist. Criteria for work conditioning have not been met or established in this case. The Work conditioning times 12 is not medically necessary or appropriate.