

Case Number:	CM15-0124492		
Date Assigned:	07/09/2015	Date of Injury:	01/06/1994
Decision Date:	08/05/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/29/2015

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 55 year old female with an industrial injury dated 06/04/1990, 10/08/1996, 10/09/1996-10/03/1997. The injured worker states she was working 16 hours per day and started developing numbness and tingling in both hands/wrist primarily in both thumbs beginning in 1990. She also states a second injury when she was in a van pool for work and the driver of the van hit a speed bump at a high speed. She states she came out of her seat hitting her head on a light causing her head, neck and upper back to compress. Her diagnoses included DeQuervains tenosynovitis bilateral wrists, status post 1st dorsal compartment decompression, bilateral wrists; cervical sprain/strain, chronic cervical spine myofascial pain and impingement syndrome bilateral shoulders. Prior treatments included physical therapy, surgery of bilateral thumbs, wrist braces and medications. She presents on 04/15/2015 with complaints of pain in neck with numbness and tingling in bilateral hands. Physical exam noted pain on palpation of the cervical spine with muscle guarding. Cervical compression test and distraction test was negative. Treatment plan included physical therapy, MRI of cervical spine, MRI of the bilateral shoulders, EMG/NCV of bilateral upper extremities and trial of H Wave unit. Treatment request is for 8 physical therapy sessions for the left wrist 2 times a week for 4 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the left wrist, 2x/wk for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Physical therapy; Shoulder (Acute & Chronic), Physical Therapy; Forearm, Wrist & Hand (Acute & Chronic), Physical Therapy.

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. 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. Submitted reports have no acute flare-up or specific physical limitations to support for physical/occupational therapy. Submitted reports have no acute flare-up or specific physical limitations to support for physical/occupational therapy. The Chronic Pain Guidelines allow for few visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT/OT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The 8 physical therapy sessions for the left wrist, 2x/wk for 4 weeks as an outpatient is not medically necessary and appropriate.