MAXIMUS Federal Services

Case Number:	CM15-0125259		
Date Assigned:	07/09/2015	Date of Injury:	04/29/2010
Decision Date:	08/05/2015	UR Denial Date:	06/26/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old female with an industrial injury dated 04/29/2010. The injured worker's diagnoses include bilateral carpal tunnel syndrome status post-surgery, bilateral De Quervain's tenosynovitis status post-surgery and cubital tunnel syndrome. Treatment consisted of x-rays, Electromyography (EMG) / Nerve conduction studies of bilateral upper extremities, multiple surgical procedures, prescribed medications, 24 sessions of post op physical therapy and periodic follow up visits. In a qualified medical evaluation (QME) report dated 06/01/2015, the treating physician reported that the injured worker had continuous problems with tendinitis and postsurgical pain to the right and left wrists. Bilateral hand and wrist exam revealed tenderness with limited extreme ranges of motion and positive Tinel's sign. The treating physician prescribed services for physical therapy 3 times a week for 6 weeks for the bilateral wrist now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a history of a work injury occurring in June 2010 and continues to be treated for upper extremity pain. She has undergone multiple surgeries with bilateral carpal, releases and a left DeQuervain's release. The last surgery was done in May 2014. She had postoperative physical therapy. When seen, she was having stiffness and numbness attributed to the weather. She was requesting therapy. Physical examination findings included mild swelling and decreased elbow range of motion. Additional testing was ordered. Lodine was prescribed. She was referred for physical therapy or chiropractic treatments. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.