

Case Number:	CM15-0127396		
Date Assigned:	07/17/2015	Date of Injury:	09/27/2010
Decision Date:	08/12/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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 66-year-old female patient who sustained an industrial injury on 09/27/2010. A recent primary treating office visit dated 06/16/2015 reported the patient with subjective complaint of having chronic bilateral upper extremity pain. She continues with right sided pain greater than left along with feeling left hand and thumb pain. She does utilize at home exercises and coping skills learned from a functional restoration program. She continues waiting for authorization for a course of physical therapy. She states using Nabumetone intermittently for anti-inflammatory property. She is diagnosed with having right carpal tunnel syndrome, and radial styloid tenosynovitis. Previous surgeries include: 04/09/2014 left thumb procedure most recent and still completing physical therapy session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times per week for three (3) weeks for the Bilateral Hands:
Overturned

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

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 sustained a work injury in September 2010 and continues to be treated for bilateral upper extremity pain. She participated in a functional restoration program, which included instruction in a home exercise program. When seen, she was having left hand and thumb pain rated at 6/10. There was full wrist range of motion. Tinel's testing was negative. There was decreased strength with normal sensation. An additional six physical therapy treatment sessions was requested with diagnoses of carpal tunnel syndrome and radial styloid tenosynovitis. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.