

Case Number:	CM15-0175226		
Date Assigned:	09/16/2015	Date of Injury:	11/07/2012
Decision Date:	10/22/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 29 year old male, who sustained an industrial injury on November 7, 2012. He reported right upper extremity pain. The injured worker was diagnosed as having injury to the median nerve, psychogenic pain, long term use of medications and status post right carpal tunnel release on May 15, 2015. Treatment to date has included diagnostic studies, cortisone injection with minimal benefit, surgical intervention of the right wrist, medications and work restrictions. Currently, the injured worker continues to report chronic right upper extremity pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on March 4, 2015, revealed continued pain as noted. He reported minimal benefit with previous steroid injection. Evaluation on June 24, 2015, revealed continued chronic pain as noted. He reported he was no longer interested in opioid therapy and admitted to home medicating for pain. It was noted electrodiagnostic studies in 2013 and 2014, of the bilateral upper extremities revealed normal findings. The RFA included a request for Physical therapy 2 x 6 for the right hand and was non-certified on the utilization review (UR) on August 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical / Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are injury median nerve; and psychogenic pain NEC. The date of injury is November 7, 2012. Request for authorization is August 5, 2015. According to a July 22, 2015 progress note, the injured worker is status post right carpal tunnel release May 15, 2015. Subjectively, the injured worker has ongoing pain at the wrist. The treating provider states postoperative physical therapy was never authorized to the injured worker. The utilization review indicates 8 postoperative physical therapy sessions were authorized to be completed between April 9, 2015 and April 9, 2016. A new request for an additional 12 sessions is not clinically indicated. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, prior authorization for physical therapist sessions and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks to the right hand is not medically necessary.