

Case Number:	CM15-0027238		
Date Assigned:	02/19/2015	Date of Injury:	06/11/2009
Decision Date:	04/03/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/12/2015

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 48 year old female, who sustained an industrial injury on 6/11/2009. She has reported injury to upper extremities, shoulders and hands. The diagnoses have included right shoulder labral tear, bilateral carpal tunnel syndrome. She is status post lumbar fusion in 2010. Magnetic Resonance Imaging (MRI) 2010 right wrist revealed evidence of carpal tunnel syndrome and tendon tear. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, and cognitive behavioral therapy. Currently, the IW complains of pain in the shoulder, knee and bilateral hands. The provider documented she was pending shoulder surgery. Hand and wrist pain was associated with numbness and weakness, pain was rated 5/10 VAS. It was documented that there was no established home exercise program. Physical examination from 1/23/15 documented tenderness to palpation of the wrists, right greater than left, with full Range of Motion (ROM). The plan of care included possible carpal tunnel surgery for carpal tunnel syndrome and ulnar neuropathy with worsening symptoms, to be addressed after possible shoulder surgery. Physical therapy was documented to be requested due to the worsening condition. On 2/3/2015 Utilization Review non-certified twelve (12) physical therapy visits for bilateral hands, noting the documentation did not support functional deficits rendering the requested treatment medically necessary. The MTUS and ODG Guidelines were cited. On 2/12/2015, the injured worker submitted an application for IMR for review of twelve (12) physical therapy visits for bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Bilateral Hands: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents pain in her multiple body parts, including neck, shoulder, right knee and bilateral hands. The patient is s/p back fusion surgery on 07/28/10. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE BILATERAL HANDS. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not discuss specifically this request. Given the injury that dates back to 2009 it is likely that the patient has had some therapy, particularly with the lumbar fusion surgery. None of the reports provided, however, discuss a recent course of therapy, why therapy is needed now, and why the patient is unable to perform the necessary home exercises. There is no documentation of a new injury or a flare-up to warrant a course of formalized therapy. Furthermore, the requested 12 sessions of therapy exceed what is recommended by MTUS for non-post-operative physical therapy. The request IS NOT medically necessary.