MAXIMUS Federal Services

Case Number:	CM15-0033715		
Date Assigned:	02/27/2015	Date of Injury:	05/03/2011
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/23/2015

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 57-year-old female, who sustained an industrial injury on 05/03/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include chronic pain syndrome, carpal tunnel syndrome, cubital tunnel syndrome, epicondylitis, and radial neuropathy. Treatment to date has included medication regimen, use of heat, use of ice, rest, and exercise. In a progress note dated 02/13/2015, the treating provider reports complaints of pain to the right upper extremity and right hand along with burning and intermittent numbness and a pain rating of a seven out of ten without medication. The treating physician requested physical therapy visits, but the documentation provided did not indicate the reason for this requested treatment. On 02/18/2015, Utilization Review non-certified the requested treatment of physical therapy sessions for a quantity of 10, noting the California Medical Treatment Utilization Schedule, 2009: American College of Occupational and Environmental Medicine Guidelines, page 98 to 99 and Chronic Pain Medical Treatment Guidelines, page 48.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions for 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, Physical/occupational therapy.

Decision rationale: Based on the 02/13/15 progress report, the patient presents with right upper extremity pain. She states that her pain level is a 2/10 with medications and 10/10 without medications. She also reports that the aching and burning pain in her hand is worst in her thumb and middle finger. The request is for PHYSICAL THERAPY, 10 SESSIONS. Per the same report, the patient's diagnoses include: Chronic pain syndrome, carpal tunnel syndrome, cubital tunnel syndrome, epicondylitis, and radial neuropathy. Patient is status post right endoscopic carpal tunnel release, right radial tunnel decompression and right elbow lateral epicondyle fasciotomy with extensor tendon repair (02/28/12). Physical examination on 02/13/15 reveled, "tenderness to palpation over entire RUE from shoulder to fingertips, mild and diffuse throughout except moderate over carpal and cubital tunnels. Positive range of motion of elbows and wrists. Dysethesia over right palmar surface of right hand and all fingers, and over entire thumb. Positive tinels at right cubital and carpal tunnels. Per progress report dated 02/13/15, the patient appears to only be taking ibuprofen. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome") chapter, under Physical/occupational therapy, states: Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2): Medical treatment: 14 visits over 6 weeks, Post-surgical treatment: 20 visits over 10 weeks, Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks, Post-surgical treatment (endoscopic): 3-8 visits over 3-5 week. MTUS guidelines, pages 98, 99, does allow for a short course of 8-10 sessions of therapy for various myalgias and neuralgias. The patient had surgery to her right upper extremity on 02/28/12; therefore, she is not within the postoperative treatment period. QME report dated 01/10/14 states "Postoperatively, [the patient] did not have formal physical therapy, but rather was given range of motion and strengthening exercises to do at home." Per progress report dated 02/13/15, treater states "She has previously been through physical therapy in the past with significant benefit and she would like to have more sessions to help increase the strength in her right hand and overall function." Given patient's diagnosis, a short course of physical therapy would be indicated. However, treatment history has not been provided. Furthermore, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Therefore, the request IS NOT medically necessary.