

Case Number:	CM15-0068063		
Date Assigned:	05/15/2015	Date of Injury:	07/01/2014
Decision Date:	06/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 7/1/2014. She reported pain of the left upper extremity, elbow, wrist, forearm and fingers. The injured worker was diagnosed as having carpal tunnel syndrome, left lateral epicondylitis, and radial tunnel syndrome. Treatment to date has included medications, radial tunnel injection, and physical therapy. The request is for physical therapy. On 2/5/2015, she was seen for evaluation of left lateral epicondylitis, radial tunnel syndrome, and carpal tunnel syndrome. She reported significant improvement to the lateral epicondyle and carpal tunnel; however no improvement was noted to the radial tunnel symptoms. On 3/10/2015, she complained of continued left carpal tunnel syndrome, radial tunnel syndrome, and lateral epicondylitis. She had completed 8 therapy sessions with excellent results. The treatment plan included additional therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient hand therapy (physical therapy) to the left wrist/hand two (2) times a week over six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Syndrome Chapter, Physical Medicine Treatment.

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

Decision rationale: Physical therapy with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms. Active therapy on the part of the patient should be implemented early in the course of therapy with the patient gradually becoming independent with a continued home exercise program where further benefits can be realized. It is not necessary for supervised physical therapy to take place until complete recovery as the intent is for the physical therapist to instruct the patient in becoming independent in a home exercise program. Guidelines have been established regarding the recommended number of visits of supervised physical therapy. For neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks is recommended. The record states this patient has made good progress in physical therapy. She has had 8 sessions of physical therapy already. An independent home exercise program should have been established at this point. Continued progress with a home exercise program should be anticipated at this point, and further supervised physical therapy not required. Therefore, the requested treatment is not medically necessary.