

Case Number:	CM15-0068137		
Date Assigned:	04/15/2015	Date of Injury:	08/09/2012
Decision Date:	05/19/2015	UR Denial Date:	03/09/2015
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: Colorado

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 51-year-old female with an industrial injury dated August 6, 2012. The injured worker diagnoses include lateral epicondylitis, carpal tunnel syndrome and lesion of the ulnar nerve. She has been treated with radiographic imaging, prescribed medications, physical therapy, carpal tunnel release with resection of ganglion cyst, and periodic follow up visits. According to the progress note dated 01/14/2015, the injured worker reported pain in bilateral wrists and bilateral elbows with instability of the wrist and stiffness of elbows. The injured worker reported her pain level as a 3/10. Objective findings revealed worsening symptoms with weakness, stiffness and tingling to all five fingers. The treating physician reported that the X-rays of bilateral hands and bilateral wrist revealed no increase of osteoarthritis. The treating physician prescribed services for additional physical therapy for the right wrist, three times weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right wrist, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per the MTUS post surgical guidelines for carpal tunnel syndrome, there is some evidence to support PT or OT after surgery, 3-5 visits total over 4 weeks, with a maximum of 8 visits recommended. Additional visits can be approved based on evidence of improvement with PT/OT within the first week of therapy. For failed surgery or complicated diagnoses, additional therapy visits may be warranted, if objective improvement continues to be documented. Therapy should also include home exercise program and setting of realistic goals / expectations. For the patient of concern, she is now 6 months post operative, and has continued pain and decreased function in right wrist. The records mention that patient has had PT in the past with "good results," though the results are not quantified. Some PT notes are included in the records, most illegible. The PT note that is legible is an early assessment, so unable to verify any improvement at that time. It is unclear if the PT in which patient participated, which appears to have been post-operative, was completed. Furthermore, no objective documentation is included to indicate improvement through PT. Without objective documentation of improvement in pain and/or function, and without more information on patient's previous PT sessions completed / goals set, the current request for PT is not medically necessary.