

Case Number:	CM15-0068480		
Date Assigned:	04/16/2015	Date of Injury:	05/23/2013
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 55 year old female who sustained an industrial injury on 05/23/2013. She reported left wrist pain. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included right carpal tunnel and right cubital tunnel release surgery followed by physical therapy, pain management, acupuncture, and use of Norco, Celebrex, Omeprazole, and duloxetine. Currently, the injured worker complains of right wrist, hand and arm pain. Her current diagnoses also include chronic back syndrome, myalgia, and numbness. Her current complaint is chronic right upper extremity pain. The plan is to continue with medication Management, physical therapy of the wrist and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of Left Wrist, twice a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation-Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The employee has undergone an unspecified number of physical therapy visits both before and after her carpal tunnel release surgery. There is insufficient documentation of the functional and pain improvements and what further physical therapy would do in the care of the employee or how it can be transitioned to home exercise. Therefore, the request is not medically necessary.