

Case Number:	CM15-0071366		
Date Assigned:	04/21/2015	Date of Injury:	08/06/2012
Decision Date:	05/20/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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, who sustained an industrial injury on August 6, 2012. She was diagnosed with carpal tunnel syndrome and ganglion cyst to the right wrist. Treatment included a surgical intervention, physical therapy, pain medications, anti-inflammatory drugs, heat and ice. Currently, the injured worker complained of constant pain and instability to her wrists, stiffness of the elbows and weakness to the fingers. The treatment plan that was requested for authorization included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xwk x 4wks Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant is nearly 3 years status post work-related injury and underwent excision of ganglion cysts, extensor tendon tenolysis, and a right carpal release done arthroscopically on 10/21/14. She had postoperative therapy and as of 12/03/14 she had

completed eight treatments sessions. Treatments included instruction in a home exercise program. She was having symptoms of pain and instability. She was also having elbow stiffness and pain. Authorization for 12 additional therapy sessions was requested. Although the claimant underwent more than one procedure surgical procedure, concurrent therapy treatments would be expected. In this regard, guidelines recommend up to 14 treatment sessions over three months with a postsurgical treatment period of six months. In this case, the claimant has already had therapy including instruction in a home exercise program. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional therapy sessions being requested is in excess of the guideline recommendation and would not reflect a fading of treatment frequency. The request is therefore not medically necessary.