

Case Number:	CM15-0074916		
Date Assigned:	04/24/2015	Date of Injury:	08/08/2012
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 63 year old female who sustained a cumulative industrial injury on 08/08/2012. The injured worker was diagnosed with bilateral carpal tunnel syndrome and right lateral epicondylitis. Treatment to date includes diagnostic testing, surgery, physical therapy and medications. The injured worker is status post a right carpal tunnel release with right ring and middle finger releases in March 2014 and a lateral epicondylar release of the right elbow on January 29, 2015. According to the primary treating physician's progress report on March 18, 2015 there was no documentation of subjective complaints and no physical examination conducted. Current medications are not documented. Treatment plan consists of home exercise program along with the current request for physical therapy to the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy sessions for the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (ODG) Forearm, wrist and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six sessions bilateral hand is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome and right lateral epicondylitis. The documentation contains an operative report dated January 29, 2015 when the injured worker underwent right chronic lateral epicondylitis release. The documentation in the medical record states on March 20, 2014 the injured worker had carpal tunnel release and right ring and middle finger trigger release surgery. There is a physician first report dated March 4, 2015 with a diagnosis of bilateral carpal tunnel syndrome and right lateral epicondylitis. A follow-up progress note dated March 18, 2015 contains a recommendation for physical therapy in the treatment plan. There is no physical examination and the progress note. There is no documentation of physical therapy for the hands documented in the medical record. There are no physical therapy notes in the medical record indicating prior physical therapy. There is no clinical indication or rationale for physical therapy of the bilateral hands. Consequently, absent clinical documentation with a clinical indication and rationale and prior physical therapy, physical therapy six sessions bilateral hand is not medically necessary.