

Case Number:	CM15-0076663		
Date Assigned:	04/28/2015	Date of Injury:	07/16/2013
Decision Date:	05/28/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/21/2015

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: Ohio, North Carolina, Virginia
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 43 year old female, who sustained an industrial injury on 07/16/2013. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies (including 12 sessions of physical therapy for the right wrist with minimal improvement), injections, electrodiagnostic testing. The clinical history noted in the medical records included bilateral carpal tunnel syndrome. Per the request for authorization dated 02/23/2015, a right wrist tendon release surgery was being requested. There was no current exam and the request for authorization for the 24 sessions of physical therapy was not submitted. The diagnoses on 02/23/2015 included wrist tendinitis. Per the IMR application and the utilization review letter, the request for authorization consisted of physical therapy evaluation with 24 treatment sessions for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Eval /Treatment 24 sessions, right wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Wrist and Carpal tunnel syndrome chapters. Physical medicine treatment.

Decision rationale: The Official Disability Guidelines as they pertain to the wrist allow physical therapy as follows: Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Medical treatment: 12 visits over 8 weeks. Post-surgical treatment: 14 visits over 12 weeks. Synovitis and tenosynovitis (ICD9 727.0): Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks. Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Post-surgical treatment (open): 3-8 visits over 3-5 weeks. Medical treatment: 9 visits over 8 weeks. Post-surgical treatment: 14 visits over 12 weeks. In this instance, it seems that surgery has been considered for this clinical diagnosis of wrist tendonitis and possibly carpal tunnel syndrome, although electrodiagnostic studies do not support that diagnosis. The injured worker has had 12 sessions of physical therapy to date with minimal improvement. Even if she were to have surgery for her wrist tendonitis, the most physical therapy treatments supported by the guidelines would be 14 sessions over 12 weeks. The request for an additional 24 physical therapy treatments greatly exceeds the guideline recommendations whether surgery is performed or not. Additionally, she has not had functional improvement with 12 sessions completed already. Therefore, an additional 24 sessions of physical therapy for the right wrist is not medically appropriate and necessary.