

Case Number:	CM15-0076775		
Date Assigned:	04/28/2015	Date of Injury:	12/15/2011
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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 34 year old female, who sustained an industrial injury on December 15, 2011. The injured worker was diagnosed as having bilateral wrist tendinitis, carpal tunnel syndrome, cubital tunnel and cubital and carpal tunnel release. Treatment and diagnostic studies to date have included medication, surgery and therapy. A progress note dated March 31, 2015 the injured worker complains of increased elbow, wrist and hand pain with numbness. Physical exam notes tenderness on palpation of wrists with positive Tinel's sign and decreased range of motion (ROM). The plan includes physical therapy and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x6 visits for the bilateral wrists, hand and elbows: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in the fabric 2012 and continues to be treated for bilateral wrist and hand pain with numbness. When seen, she was having increased pain. Physical examination findings included a to tell testing with wrist tenderness and decreased range of motion. The claimant is being treated for chronic pain and the chronic pain treatment guidelines apply. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore is medically necessary.