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| Case Number: | CM15-0076827 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 04/10/2014 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/21/2015 |
| 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: 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 45 year old, female who sustained a work related injury on 4/10/14. The diagnoses have included carpal tunnel syndrome, cervicgia, shoulder pain, elbow pain and wrist pain. The treatments have included an MRIs, neurodiagnostic studies, physical therapy, TENS unit therapy and medications. In the Initial Consultation Report dated 3/25/15, the injured worker complains of severe pain in right wrist. She also complains of pain in her right forearm, upper arm, shoulder and neck. She rates the pain an 8/10. The treatment plan is for physical therapy/occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional sessions of OT/PT: Upheld

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

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) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional 12 sessions of physical therapy/occupational therapy 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; hand pain; cervicgia; shoulder pain; elbow pain; and wrist pain. According to a progress note dated January 16, 2015 the injured worker completed 2 out of 12 physical therapy sessions. The injured worker was being treated for carpal tunnel syndrome. The guidelines recommend 1-3 visits over 3 to 5 weeks for medical treatment of carpal tunnel syndrome. According to a progress note dated March 23, 2015, the treating provider ordered an additional 12 physical therapy sessions at two times per week times six weeks. The treatment plan indicates "four more were approved." The total number of physical therapy sessions requested and received by the injured worker is unclear. The documentation indicates the worker is not a surgical candidate. The worker has exceeded the recommended guidelines for physical therapy. There is no documentation evidencing objective functional improvement from prior physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, additional 12 sessions of physical therapy/occupational therapy is not medically necessary.