

Case Number:	CM15-0078074		
Date Assigned:	04/29/2015	Date of Injury:	03/15/2013
Decision Date:	05/26/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/23/2015

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 54year old female, who sustained an industrial/work injury on 3/15/13. She reported initial complaints of bilateral wrist pain, numbness, and tingling. The injured worker was diagnosed as having carpal tunnel syndrome, bilateral wrists; joint contracture bilateral wrists; trauma arthropathy of forearm; and tenosynovitis of hand/wrist. Treatment to date has included medication, wrist braces, surgery (carpal tunnel release, with decompressive neurolysis of the medial nerve, ulnar decompression, distal forearm facial release, and flexor tenosynovectomy of the right wrist on 12/24/13 and 6/5/14), and physical therapy. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 5/31/13. X-Rays results were reported on 9/5/14. Currently, the injured worker complains of pain in both wrists. Per the primary physician's progress report (PR-2) on 9/5/14, examination revealed swelling and stiffness to the bilateral wrists with pain radiating to the left hand, left forearm, right hand and forearm. There was tenderness over the triangular fibrocartilage, scapholunate ligament, ulnar styloid and radial styloid on the left wrist. Muscle strength was 4/5. Phalen's, Tenel's tests were positive. The requested treatments include physical therapy 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 3 times 4 weeks for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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 three times per week times four weeks to the right wrist 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 workers working diagnoses are carpal tunnel syndrome bilateral wrists; joint contracture, bilateral wrist; traumatic arthropathy forearm; tenosynovitis and/wrist. The request for authorization is dated March 25, 2015. The most recent progress note in the medical record is November 26, 2014. There are no contemporaneous progress notes on or about March 25, 2015. The utilization review contains a “summary” of a Comprehensive Follow-Up Orthopedic Examination dated February 13, 2015. The injured worker presented for follow-up evaluation of the left and right wrist. There are detailed subjective and objective findings in the summary. However, the orthopedic surgeon does not state whether the anticipated procedure is an open procedure or an endoscopic procedure. An open procedure will require a longer period of physical therapy versus an endoscopic procedure will require fewer sessions. Additionally, the summary does not state whether the physical therapy is pre-procedural or post operative. There is no additional documentation in the medical record concerning a surgical procedure referencing the wrists and physical therapy. Consequently, absent contemporaneous clinical documentation on or about March 25, 2015 with clarification of whether physical therapy is required pre-procedural or postoperatively, and clarification of whether the anticipated procedure is an open procedure or an endoscopic procedure, physical therapy three times per week times four weeks to the right wrist is not medically necessary.