

Case Number:	CM15-0091168		
Date Assigned:	05/15/2015	Date of Injury:	11/06/2012
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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 54 year old female who sustained an industrial injury on 11/06/12. Initial complaints and diagnoses are not available. Treatments to date include trigger finger injections in both hands, TENS unit, medications including gabapentin, acetaminophen, Zolpidem, diclofenac, and Celebrex; as well as ice, heat, and stretching techniques. Diagnostic studies include right upper extremity electrodiagnostic and nerve conduction studies on 01/04/13 which showed moderate right carpal tunnel syndrome. Current complaints include decreased motion in the right long finger. Current diagnoses include bilateral carpal tunnel syndrome. In a progress note dated 04/20/15 the treating provider reports the plan of care as 12 physical therapy sessions, referral to a hand specialist, and medications including gabapentin, omeprazole, Celecoxib, tramadol, and eszopiclone. The requested treatment is physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 (12) sessions for bilateral hands: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in November 2012. When seen, she stenoses had undergone injections for stenosing tenosynovitis and had decreased range of motion of the third finger of her left hand. Physical examination findings included decreased third finger range of motion and positive Tinel's testing. Authorization for 12 sessions of physical therapy was requested. In this case, the claimant is being treated for the residual effects of stenosing tenosynovitis she when seen, there was the incidental finding of positive Tinel's testing. Guidelines recommend up to 9 visits over 8 weeks for the treatment of her condition. The requested number of treatments is in excess of that recommendation or what would be needed to establish an independent home exercise program. It was not medically necessary.