

Case Number:	CM15-0096101		
Date Assigned:	05/26/2015	Date of Injury:	01/27/2014
Decision Date:	06/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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 51 year old male, who sustained an industrial injury on 1/27/14. He has reported initial complaints of left shoulder, bilateral hands and bilateral wrist pain after repetitive work duties working as an upholsterer. The diagnoses have included bilateral hand/wrist derangement and left shoulder derangement. Treatment to date has included medications, activity modifications, diagnostics, left middle trigger finger surgery, cortisone injections, and physical therapy. Currently, as per the physician progress note dated 1/21/15, the injured worker complains of pain in the left wrist and activity causes increased symptoms over wrist. There is a positive tenderness and positive Tinel's sign. It is noted that the injured worker had physical therapy with no relief of symptoms. He also had cortisone injection to the left wrist. The physical exam of the bilateral hands reveals bilateral hand pain rated 8/10 on pain scale. There is numbness in the bilateral hands, giving way bilateral hands and locking fingers. The pain is aggravated by activity and he also reports sleep disruption due to pain. The current medications included cyclobenzaprine, Naproxen, Gabapentin and Voltaren gel. The previous diagnostics were not noted and the previous physical therapy sessions were no noted in the records. The physician requested treatment included additional physical therapy for the left hand x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left hand x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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, additional physical therapy to left hand eight sessions 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder internal derangement, tendinosis, bursitis; and bilateral carpal syndrome left greater than right. The injured worker underwent a left middle finger A1 pulley release then the surgery on March 19, 2015. On February 4, 2015 the progress note contains a request for physical therapy three times per week times four weeks. There are no physical therapy progress notes in medical record. Utilization review shows the injured worker received approximately 8 (out of the 9 according to the guidelines) physical therapy sessions. As noted above, there are no physical therapy progress notes or documentation with objective functional improvement. There are no compelling clinical facts indicating additional physical therapy (over that provided for in the guidelines) is clinically warranted. The surgery performed does not include carpal tunnel release surgery. It is unclear whether the injured worker received physical therapy, in part, for carpal tunnel release surgery in addition to the pulley release. The physical therapy is directed to the hand. Consequently, absent specific documentation with compelling clinical facts indicating additional physical therapy is warranted, no prior physical therapy documentation, no evidence of objective functional improvement, additional physical therapy to left hand eight sessions is not medically necessary.