

Case Number:	CM15-0099940		
Date Assigned:	06/02/2015	Date of Injury:	02/19/2013
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 44 year old, male who sustained a work related injury on 2/19/13. He slipped and fell landing on his wrists. The diagnoses have included entrapment neuropathy and hand pain. Treatments have included physical therapy, splinting, bracing, medications, bilateral wrist surgeries, H-Wave therapy and acupuncture. In the Visit Note dated 4/14/15, the injured worker complains of bilateral wrist pain. He has associated joint stiffness, joint swelling and sharp, stabbing pain. He states pain is about 70% improved since surgery. His range of motion is restricted. He has difficulty falling asleep and staying asleep. He is experiencing severe anxiety due to the limitations of his wrists. He states this has been a big change of life for him. He has been working full-time with restrictions for last three weeks. The treatment plan includes requests for authorization for physical and occupational therapy and for a psychology consultation.

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 / Occupational therapy with a hand specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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) CTS, physical medicine treatment.

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had completed prior sessions of physical therapy and should be proficient at continuing a home exercise program. He continued with pain even after physical therapy. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program should be continued at this time. According to ODG, 8 visits is the maximum number of visits recommended for the treatment of carpal tunnel syndrome which the patient has already had. Therefore, the request is considered not medically necessary.

Psychological consultation WC: psychological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The request is considered not medically necessary. The patient does not have any psychological complaints documented. He had insomnia which was to be treated with a sleep aid. The rationale for a psychological evaluation was not included in the chart. It may be useful for chronic pain but without additional psych complaints, an evaluation is not warranted. Therefore, the request is considered not medically necessary.