

Case Number:	CM14-0156144		
Date Assigned:	09/25/2014	Date of Injury:	04/30/2013
Decision Date:	11/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral wrist pain reportedly associated with an industrial injury of April 3, 2013. In a Utilization Review Report dated August 24, 2014, the claims administrator denied a request for eight sessions of physical therapy, noting that the applicant had completed 34 cumulative sessions of physical therapy through that point in time. It was stated that the applicant was status post left carpal tunnel release surgery on September 16, 2013 and a right carpal tunnel release surgery on December 2, 2013. Despite the fact that the applicant was outside of the three-month postsurgical physical medicine treatment period following each carpal tunnel release surgery, the claims administrator nevertheless invoked the Postsurgical Treatment Guidelines and MTUS 9792.24.3. The applicant's attorney subsequently appealed. In an August 19, 2014 Medical-legal Evaluation, the applicant's work status was not clearly outlined. In a progress note dated July 22, 2014, the applicant reported persistent complaints of bilateral wrist pain, 4-5/10. The applicant was given diagnosis of residual pain status post left and right carpal tunnel release surgeries, radial styloid tenosynovitis, and wrist internal derangement. Multiple topical compounds, oral suspensions, physical therapy, acupuncture, and wrist splints were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits For The Bilateral Wrists: 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): 99, 8.

Decision rationale: The applicant has already had prior treatment (34 sessions, per the claims administrator), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various oral suspensions and topical compounds, as well as other forms of medical treatment such as acupuncture. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of 34 prior sessions of physical therapy. Therefore, the request for additional physical therapy is not medically necessary.