

Case Number:	CM13-0014919		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2011
Decision Date:	03/24/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 patient is a 47-year-old female who reported an injury on 09/26/2011, secondary to repetitive lifting and twisting. The patient is currently diagnosed with carpal tunnel syndrome. A request for authorization for an additional 12 sessions of physical therapy was submitted on 08/07/2013 by [REDACTED]. However, there is no documentation of an updated physician progress report. The latest physician progress report was submitted on 02/22/2013. Physical examination on that date only revealed tenderness at the medial elbow with painful right elbow range of motion. It was noted that an EMG/NCS of the right upper extremity showed evidence of a moderately severe right median nerve lesion at the wrist. Treatment recommendations at that time included an appointment with [REDACTED], a hand specialist, as well as a referral for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed a previous course of physical therapy. However, documentation of an objective measurable improvement was not provided. Additionally, there is no physician progress report submitted on the requesting date of 08/07/2013. There is no evidence of an updated physical examination. Based on the clinical information received, the request is non-certified.