

Case Number:	CM13-0015280		
Date Assigned:	10/08/2013	Date of Injury:	07/12/2007
Decision Date:	03/11/2014	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 and Rehabilitation and is licensed to practice in New York and Texas. 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 63-year-old injured worker who reported an injury on 07/12/2007 due to cumulative trauma that reportedly caused injury to the bilateral upper extremities. Previous treatments have included psychiatric support, multiple surgical interventions, physical therapy, and medications. Physical findings included significant ulnar clawing of the left hand. The patient's diagnoses included chronic pain, De Quervain's of the right wrist, carpal tunnel syndrome of the right wrist, disc herniations at the C5-6 with significant bilateral foraminal stenosis at C5-7, and disc degeneration at L4-S1 with marked facet arthropathy and disc herniations. The patient's treatment plan included anterior cervical fusion, continuation of conservative care for other body parts, and a home interferential unit for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy quantity twelve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) Official Disability Guidelines, Physical Therapy Preface.

Decision rationale: The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. There is no documentation that the patient is currently participating in a home exercise program. Also, it is noted that the patient is participating in aquatic therapy. The addition of land-based physical therapy would be considered redundant unless the patient is being transitioned into a land-based therapy program. The Official Disability Guidelines recommend a trial of 6 visits to establish the efficacy of physical therapy for any body part that has chronic pain that requires postsurgical management. The requests for 12 visits are in excess of this recommendation. Furthermore, the clinical documentation submitted for review fails to provide evidence the patient has previously had physical therapy and does not clearly identify what body part will be focused on. The request for physical therapy quantity 12 is not medically necessary and appropriate.