

Case Number:	CM13-0015352		
Date Assigned:	10/07/2013	Date of Injury:	02/22/2011
Decision Date:	03/18/2014	UR Denial Date:	08/09/2013
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 Physical Medicine and Rehabilitation 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 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:

This patient sustained a repetitive trauma injury from packing burritos on 2/22/11 while employed by [REDACTED]. Request under consideration include Physical therapy bilateral hands/wrists. Diagnosis include bilateral carpal tunnel syndrome. Conservative care has included physical therapy, trigger point injections for shoulder, trapezius and cervical spine, and modified duty; however, in the last month has been off work. Current exam from provider noted marked tenderness, decreased range of motion and positive provocative testing in the shoulder, arms, and wrists. Request for additional physical therapy was non-certified on 8/9/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy bilateral hands/wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the

complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status has worsened with patient now off work. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. There is no documented number of previous PT visits provided and the patient continued to treat for chronic pain without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2011 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy bilateral hands/wrists is not medically necessary and appropriate.