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| Case Number: | CM13-0015726 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 04/08/2008 |
| Decision Date: | 05/26/2014 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 08/23/2013 |

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 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 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 underlying date of injury in this case is 4/8/08. The treating diagnoses include bilateral right greater than left hand pain with paresthesias as well as right greater than left bilateral forearm pain. On 8/1/13, the treating physical rehabilitation/pain physician saw the patient in follow-up. The patient's pain was moderate. The patient reported a new feeling of numbness in the palms of both hands and aching in the fingers of both hands. No significant changes were noted on physical examination. The treatment plan additionally included a request for six sessions of physical therapy to include ultrasound treatment to the forearm muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO INCLUDE ULTRASOUND (2) TIMES A WEEK FOR (3) WEEKS FOR THE BILATERAL FOREARMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines emphasizes long-term active independent home rehabilitation. These guidelines do not

encourage supervised physical therapy or passive treatment such as ultrasound in a chronic setting. Moreover, the Chronic Pain Medical Treatment Guidelines state that therapeutic ultrasound is not recommended; it is commonly used, yet there is little evidence that ultrasound is more effective than placebo. The medical records do not provide an alternate rationale to support the requested treatment. This request is not medically necessary.