

Case Number:	CM13-0019056		
Date Assigned:	10/11/2013	Date of Injury:	09/01/2010
Decision Date:	01/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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 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:

The patient is a 64 year old male who reported an injury on 09/01/2010. The mechanism of injury was cumulative pulling, grasping, pushing, and lifting related to job duties. He was diagnosed with cubital and carpal tunnel syndromes and adhesive capsulitis of the left shoulder. The patient had a left carpal tunnel release in 2011 and an unspecified surgery to the right upper extremity in 2012. He received occupational therapy in the past and more recently, attended 6 additional sessions of therapy for his low back in July and 3 sessions for his wrist in August 2013. However, there was no objective documentation showing progress. The patient continues to have neck, back, and wrist discomfort and utilizes medications to control his pain. He is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x six (6) sessions: Upheld

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

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

Decision rationale: The California MTUS Guidelines allow 8-10 sessions of physical therapy for muscle and/or nerve symptoms. However, the patient is noted to have had recent therapeutic rehabilitation for both the low back and the wrist. No documentation was included in the medical records submitted for review in regard to the patient's rehabilitative progress. The current request does not specify which body part is to receive the therapy, and therefore, the medical necessity cannot be determined. As such, the request for physical therapy, 6 sessions, is non-certified.