

Case Number:	CM13-0019797		
Date Assigned:	01/03/2014	Date of Injury:	03/16/2012
Decision Date:	03/24/2014	UR Denial Date:	08/21/2013
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 & 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 59-year-old female who reported an injury on 03/21/2012. The mechanism of injury is not specifically stated. The patient is diagnosed with bilateral wrist pain and numbness. The patient was seen by [REDACTED] on 07/09/2013. The patient reported persistent pain in bilateral hands and wrists. Physical examination was not provided for review. Treatment recommendations included physical therapy 3 times per week for 4 weeks and acupuncture treatment twice per week for 6 weeks for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy for bilateral 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 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. As per the documentation submitted, the patient has completed a previous course of physical therapy. Documentation of

significant objective, measurable improvement was not provided. Therefore, additional therapy cannot be determined as medically appropriate. Additionally, the total duration and frequency of treatment was not specified in the request. Based on the clinical information received, the request is non-certified.