

Case Number:	CM13-0020895		
Date Assigned:	10/11/2013	Date of Injury:	10/01/2001
Decision Date:	03/25/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/06/2013

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, has a subspecialty in Pain Management 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.

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 is a patient with a date of injury of July 6, 2009. A utilization review determination dated August 20, 2013 recommends non-certification of additional physical therapy 2X4 for the left wrist. The utilization review determination identifies, "30 authorized sessions of acupuncture to date, 16 physical therapy sessions to date." A utilization review appeal letter dated September 3, 2013 states, "based on the foregoing discussion, it is evident that the patient continues to experience pain that limits her activities of daily living in her performance of her job duties as evidenced from her progress notes dated April 9, 2013. She continually complained of hand symptomatology she experienced before. In an effort to alleviate her complaints, several treatment modalities were employed, which included physical therapy. Hence, I have requested for physical therapy twice a week for 4 weeks in order to spare my patient from undue stress and pain secondary to the trauma she had incurred." The note goes on to state, "therefore, with the indisputable evidence of functional improvement with therapy, it is reasonable and necessary to provide her with additional physical therapy sessions regardless of how many treatment sessions she has attained so far."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks to the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm and Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.