

Case Number:	CM13-0022132		
Date Assigned:	11/13/2013	Date of Injury:	06/30/2010
Decision Date:	09/12/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Illinois. 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 injured worker is a 39-year-old female who reported an injury on 06/30/2010. The mechanism of injury was not provided. On 08/08/2013, the injured worker presented with right upper extremity pain and neck pain. Upon examination of the cervical spine there was tenderness over the paravertebral muscles with spasm and reduced sensation in the bilateral median nerve distribution. There was restricted range of motion. Upon examination of the left wrist there was a well healed scar. The bilateral trapezius muscles were tenderness to palpation and there was a positive Tinel's and a positive Phalen to the right wrist. The right lateral elbow was tender to palpation. The diagnoses were cervical spine strain, bilateral carpal tunnel syndrome, status post right carpal tunnel release, and status post left carpal tunnel release, bilateral trapezial irritation, gastropathy secondary to taking nonsteroidal anti-inflammatories and right lateral epicondylitis. Prior therapy included medications and surgery. The provider recommended physical therapy for the bilateral arms, cervical, bilateral shoulders, and bilateral hands, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 4 FOR BILATERAL ARMS, CERVICAL, BILATERAL SHOULDERS, BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The California MTUS state that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, there is no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request for physical therapy 3 times a week for 4 weeks exceeds the guideline recommends. As such, the request is not medically necessary and appropriate.