

Case Number:	CM13-0024121		
Date Assigned:	11/20/2013	Date of Injury:	12/20/1999
Decision Date:	02/20/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/13/2013

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 of Neuromuscular Medicine, and is licensed to practice in Maryland. 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 38 year old female with date of injury of 11/20/99 per case notes. The claimant has a history of bilateral wrist and a neck injury. Per documentation the claimant has had 30 PT sessions sine her claim and 24 sessions this year. The prior request for additional physical therapy two times a week for six weeks for bilateral wrists and neck was not certified in the past. The request is addressed again in this review. Per 6/26/13 note patient reports that she did have good relief after the trigger point injection 6 months ago. Her symptoms have now returned. She denies re injury. She has been been working. A detailed examination of the upper extremities was performed. There is moderate trapezial and parascapuJar tenderness on the right. The Tinel's sign is positive at the left carpal tunnel. The Phalen's test is positive bilaterally. Grip Strength is mildly diminished. 1. Trapezial, paracervical, and parascapular strain. 2. Bilateral forearm tendinitis. 3. Bilateral carpal tunnel syndrome. Per documentation patient is having a flare of her trapezial strain. Repeat trigger point injections were recommended. Per 8/6/13 Pt reports that she had no real improvement after the trigger point injections .She complains of diffuse tenderness throughout her body. She was working regular duties. A detailed examination of the upper extremities was performed. There is diffuse trapezial, paracervica, and paraseapular tenderness. There is diffuse upper extremity tenderness. The Tinel's sign is positive at the left carpel tunnel The Phalen's test is positive bilaterally. Grip strength is diminished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 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 9792.20 - 9792.26 Page(s): 99.

Decision rationale: Physical Therapy is not medically necessary per MTUS guidelines. Per guidelines it is medically appropriate for patient to have up to 10 visits for her condition. She has had well over this amount per documentation submitted. At this point she should be well versed in a home exercise program and therefore further physical therapy is not necessary.