

Case Number:	CM13-0024870		
Date Assigned:	11/20/2013	Date of Injury:	07/13/2010
Decision Date:	01/23/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/17/2013

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 Family Practice 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:

The patient is a 50 year old female who reported an injury between 04/01/2000 and 06/24/2011. The mechanism of injury is reported to be overuse syndrome/repetitive trauma in the clinical documentation dated 05/29/2012. The patient complained of pain with numbness and tingling to her bilateral upper extremities. The patient was diagnosed with cervical spine strain, left shoulder impingement syndrome, left mild carpal tunnel syndrome, left lateral epicondylitis, and right moderate carpal tunnel syndrome. The clinical documentation submitted stated that the patient had completed physical therapy, injections and medications. The patient continued to complain of pain to her right wrist to include numbness and tingling and has been recommended carpal tunnel surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Head therapy three (3) times a week for four (4) weeks for bilateral upper extremities:
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 Physical Medicine Page(s): s 98-99.

Decision rationale: CA MTUS Guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis. The clinical

information submitted indicated the patient did not receive significant benefit from prior therapy to support additional therapy at this time. Also, the current request exceeds guideline recommendations. Therefore, the request for physical therapy 3 times a week for 4 weeks for bilateral upper extremities does not meet the recommended guidelines and is non-certified.