

Case Number:	CM13-0027225		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2008
Decision Date:	04/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 Family Practice, and is licensed to practice in Texas. 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 patient is a 68-year-old who reported an injury on March 3, 2008. The mechanism of injury was cumulative trauma related to the performance of job duties. Her course of treatment to date is unclear; however, she was subsequently diagnosed with bilateral carpal tunnel syndrome with ulnar neuropraxia, bilateral trigger fingers, and thoraco-lumbo-sacral myofascial pain syndrome. The patient is noted to have received a carpal tunnel release on unknown dates and an unknown duration of physical therapy, around April of 2013. The most recent clinical note submitted for review is dated October 23, 2013, and revealed mild swelling, no neurological changes, good range of motion, and no instability to an unknown body region. The prior clinical note submitted for review is dated October 9, 2013, and revealed tenderness to the L5-S1 paraspinal muscles, 60% range of motion to an unknown region, no neurological changes or deficits, and good bilateral foot strength. There was no other pertinent information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY/OCCUPATIONAL THERAPY TIMES EIGHTEEN SESSIONS:

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): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend up to ten visits of physical therapy for an unspecified myalgia and myositis, after an initial six visit trial is proven effective. Guidelines also state that physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The clinical information submitted for review did not identify which body part was to be treated with the physical therapy, nor did it provide functional measurements regarding range of motion or muscle strength. The only mention of ranges of motion were to unspecified body areas and noted both a 60% of normal as well as "good" range of motions. In addition, the current request for eighteen total sessions of physical therapy exceeds guideline recommendations of a trial of six sessions followed by a re-evaluation. The request for physical therapy/occupational therapy, three times per week for six weeks, is not medically necessary or appropriate.