MAXIMUS Federal Services

Case Number:	CM13-0029091		
Date Assigned:	03/28/2014	Date of Injury:	07/31/2012
Decision Date:	05/21/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine, 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 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 applicant is a represented [redacted] employee who has filed a claim for bilateral hand and wrist pain reportedly associated with an industrial injury of July 31, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a May 28, 2013 progress note, the attending provider sought authorization for an electrodiagnostic testing of bilateral upper extremities and six weeks of treatment in a functional restoration program, along with electrodiagnostic testing. The applicant was again placed off of work, on total temporary disability. A July 2, 2013 progress note was notable for comments that the applicant reported 9/10 hand and wrist pain. The applicant was also having issues with psychological stress, anxiety, and depression. The applicant is on Lyrica and hydrochlorothiazide. The applicant is having difficulty with cooking and cleaning but was able to bathe herself, dress herself, drive, and groom herself. The applicant was asked to increase the dose of Lyrica. She is asked to remain off of work, on total temporary disability, until the next visit. In a Utilization Review Report of September 5, 2013, the claims administrator denied a request for 10 sessions of physical therapy, stating that the applicant had completed several months of physical therapy and could reportedly independently transition to home exercise program. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X5 BILATERAL HANDS & WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

Decision rationale: The 10 sessions of treatment proposed would, in and of itself, represent treatment at the upper end of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and neuritis of various body parts, the issue present here. In this case, however, the applicant has had prior unspecified amounts of physical therapy treatment over the life of the claim through an earlier treating provider. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant has failed to demonstrate any such improvement. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various medications, including Lyrica. All of the above, taken together, imply that earlier physical therapy treatment has been unsuccessful as defined by the parameters established in MTUS 9792.20f. Therefore, the request for additional physical therapy is not medically necessary, on Independent Medical Review.