

Case Number:	CM13-0029720		
Date Assigned:	12/11/2013	Date of Injury:	03/11/1993
Decision Date:	04/18/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 patient is a 57-year-old female who reported an injury on 03/11/1993. The mechanism of injury was not provided for review. The patient's treatment history included extensive physical therapy, medications, and right wrist surgery in 02/2013. The patient's most recent clinical evaluation documented that the patient was participating in physical therapy with slowly improved range of motion. The patient's diagnoses included medial epicondylitis, carpal tunnel syndrome, and rotator cuff syndrome. The patient's treatment plan was to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 3 RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 3 x 3 for the right upper extremity is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement

levels obtained during the skilled physical therapy. The clinical documentation does provide evidence that the patient has had extensive physical therapy for the right upper extremity. There are no barriers noted to preclude further progress of the patient while participating in a home exercise program and that supervised therapy is required. However, as there is no documentation that the patient is currently participating in a home exercise program, 1 to 2 visits may be appropriate to assist the patient with re-establishing a home exercise program. However, the requested 9 physical therapy treatments would be considered excessive. As such, the requested physical therapy 3 x 3 for the right upper extremity is not medically necessary or appropriate.