

Case Number:	CM13-0031788		
Date Assigned:	12/04/2013	Date of Injury:	09/19/2012
Decision Date:	02/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 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 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. 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 41-year-old male with a date of injury of September 19, 2012. The patient had an injury to the right wrist and has had electrodiagnostic studies on June 19, 2013 indicates "mild median Neuropathy in the bilateral wrist area significant cervical paraspinal muscle spasm and/or nerve root irritation//injury." He has had 17 of 23 therapy sessions completed. The patient had a right upper extremity nerve test on on October 23, 2013 which showed a normal study of the bilateral upper extremities. The patient is also had acupuncture treatment. There is a treatment report dated July 11, 2013 which states the patient has pain in the neck irradiance to his hands and has been a pain in the right wrist is no improvement. There is tenderness the palpation in the right wrist, and the patient is pending MRI of the cervical spine and right shoulder. There is no indication in the report that the patient has been progressing physical therapy to that date. There are no other PTP records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PHYSICAL THERAPY (PT) -Two (2) times a week for four (4) weeks, right wrist:

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): 98.

Decision rationale: CA MTUS chronic pain guides state that physical medicine should be used in a fading of treatment and progression to HEP. The current records do not indicate an increase in function or reduction of pain with PT. The patient has already had 17/25 sessions of PT. There is no indication in the PT records for further therapy, or an attempt at progression to HEP. An additional 8 sessions of PT would exceed MTUS guides. Current electrodiagnostic testing indicates the patient does not have any neurological issues, and there is no current documentation to indicate the patient had functional gains from his physical therapy or has functional deficits needing additional physical therapy. There is no indication as to why the patient cannot proceed with a home exercise program or if other testing, such as imaging, have been done. Since there is no indication for additional PT, The request for 8 sessions is therefore not necessary.