

Case Number:	CM13-0033180		
Date Assigned:	12/11/2013	Date of Injury:	01/06/2011
Decision Date:	03/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 37-year-old female (██████████) who sustained injury on 1-6-11. She was returned to modified work on 8-31-13 with the restriction of no pushing, pulling or lifting over 20 pounds. In the progress report dated 6-17-13 from ██████████ documenting a flare up of right wrist symptoms for this patient. The pain was rated at 8/10 and described as a deep achy pain. Physical examination revealed tenderness in the right hand, wrist and forearm. Right wrist ranges of motion were reported to be decreased (actual ranges of motion not specified). Sensation was reported to be diminished over the dermatomes of the right and left hands and forearms. Phalen's, reverse Phalen's and Tinel's tests were positive at the right wrist. Tenderness and muscle guarding were present in the right shoulder. Tenderness was present at the right AC joint. Yeargeson's, Aply's and Godman's drop tests were reported to be positive. Tenderness was also noted about the right elbow. Tinel's and golfer's. There is a progress report dated 7-18-13 from ██████████ documenting complaints of right wrist pain. The frequency and intensity of the current pain was not specified in this report. Physical examination revealed tenderness in the right hand, wrist and forearm. Right wrist ranges of motion were reported to be decreased (actual ranges of motion not specified). Sensation was reported to be diminished over the dermatomes of the right and left hands and forearms. Phalen's, reverse Phalen's and Tinel's tests were positive at the right wrist. Tenderness and muscle guarding were present in the right shoulder. Tenderness was present at the right AC joint. Yeargeson's, Aply's and Godman's drop tests were reported to be positive. Tenderness was also noted about the right elbow. Tinel's and golfer's elbow tests were positive at the right elbow. The treatment plan included a follow up with ██████████ and physical therapy at 2x6. The patient was placed off work through 8-29-13. There is a progress report dated 8-23-13 from ██████████ documenting complaints of right wrist pain and weakness that was slightly improved. The pain was aggravated by gripping

and grasping. Physical examination revealed tenderness in the right hand, wrist and forearm. Right wrist ranges of motion were reported to be decreased (actual ranges of motion not specified). Sensation was reported to be diminished over the dermatomes of the right and left hands and forearms. Phalen's, reverse Phalen's and Tinel's tests were positive at the right wrist. Tenderness and muscle guarding were present in the right shoulder. Tenderness was present at the right AC joint. Yeargeson's, Aply's and Godman's drop tests were reported to be positive. Tenderness was also noted about the right elbow. Tinel's and golfer's elbow tests were positive at the right elbow. The treatment plan included a follow up with [REDACTED] and physical therapy at 2x6, the later was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week times six (6) weeks, QTY: twelve (12) visits: 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): 99.

Decision rationale: CA-MTUS (Effective July 18, 2009), section of Physical Medicine, Page 99 allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine. The guidelines allow for up to 8-10 physical therapy sessions for flare ups of myalgia and neuritis. Per those guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." At the completion of the supervised phase of rehabilitation, the patient is trained in and transitioned into a fully independent home exercise program where they are expected to continue rehabilitation of the exacerbation. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). Therefore the request for additional physical therapy two times a week times six weeks, QTY: twelve (12) visits.