

Case Number:	CM13-0042946		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2004
Decision Date:	02/17/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation and Pain Management 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:

This is a 5'2", 130 lbs, 65 year-old female, assembler for [REDACTED]. With a 2/2/04 cumulative trauma industrial injury to her right elbow and both wrists. She underwent left hand surgery in 2005 and 2005, bilateral elbow surgery in 2010. According to the 10/31/13 orthopedic report from [REDACTED], the diagnoses includes: CT injury; status /post right elbow ulnar nerve release; status/post bilateral hand CTR; left hand trigger releases; persistent right elbow pain; persistent bilateral wrist pain, mild radial carpal arthritis. The IMR application shows a dispute with the 10/16/13 UR decision. The decision was from [REDACTED] and, based on the 9/24/13 medical report from [REDACTED], recommends non-certification for Physical Therapy 3x4 for the wrists and hands. Unfortunately, the 9/24/13 medical report was not provided in the 341 pages of records for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for Bilateral Wrist/Hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Therapy. Work Conditioning, Work Hardening. Page(s): 89-90 of 127; 125-126.

Decision rationale: The medical report from [REDACTED] (9/24/13) that according to the Utilization Review denial letter contained the rationale for the Physical Therapy x12 was not provided for this IMR. Chronic Pain Medical Treatment Guidelines under physical medicine recommends 8-10 sessions of PT for various myalgias or neuralgias. The request for 12 sessions of PT will exceed the Chronic Pain Medical Treatment Guidelines. On reviewing the available records, there was a 7/23/13 Internal medicine report from [REDACTED], that evaluated the abnormal EKG and states it is not ischemic heart disease and he gives the patient medical clearance to a work-hardening program 3x/week. To be complete, I reviewed Chronic Pain Medical Treatment Guidelines criteria for a work-hardening program, in case the [REDACTED] was requesting work-hardening or work conditioning instead of PT. Chronic Pain Medical Treatment Guidelines states a work-hardening program. Chronic Pain Medical Treatment Guidelines states: "The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit" The patient does not meet the Chronic Pain Medical Treatment Guidelines criteria for a work hardening program, and Chronic Pain Medical Treatment Guidelines also states these programs are up to 10 visits, for which the current request will exceed. The request is not in accordance with Chronic Pain Medical Treatment Guidelines.