

Case Number:	CM13-0045635		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2006
Decision Date:	03/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/24/2013

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 is licensed to practice in New York and Texas. 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 51-year-old female who reported an injury on 10/19/2006. The mechanism of injury was not provided however, the patient has been diagnosed with reflex sympathetic dystrophy, impingement syndrome, right post arthroscopic acromioplasty, PN carpal tunnel syndrome bilaterally, causalgia upper right, adhesive capsulitis on the right, PN cubital tunnel on the right, epicondylitis (bilateral), PN pronator tunnel on the right, and sprain/strain of the sacroiliac joint. According to the progress report dated 09/23/2013, the patient complained of left hand/wrist pain with the description as sharp, stabbing, and throbbing, and with duration of pain being constant. The pain was reportedly relieved with a spinal cord stimulator; however, associated symptoms were noted as weakness, numbness, and swelling. The patient also complained of right hand pain which also caused her to have weakness and unexpectedly drop objects as well as swelling in the extremity. Aggravating factors were noted as reaching, lifting above the shoulder level, and pushing or reaching. After having bilateral carpal tunnel release procedures performed in 02/2010 and 04/2010, the patient reportedly underwent physical therapy; however, the number of visits was not documented.

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 qty 4 weeks, left upper extremity: 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): 98-99.

Decision rationale: Regarding the request for physical therapy 3 times a week for a quantity of 4 weeks for the left upper extremity, under California MTUS Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical therapy is recommended for up to 9 to 10 visits over 8 weeks for patients with myalgia and myositis unspecified, and for neuralgia, neuritis, and radiculitis; they are recommended for 8 to 10 visits over 4 weeks. In the case of this patient, she was noted to have a complex presentation of regional pain syndrome which is a diagnosis that does not generally bode well with physical therapy. Furthermore, the patient has been diagnosed with reflex sympathetic dystrophy and was noted to have previously undergone physical therapy. However, there is nothing in the documentation giving a definitive rationale for additional physical therapy, such as extenuating circumstances. Furthermore, without having a thorough count of how many previous physical therapy sessions the patient has completed, the requested service cannot be certified without knowing if the patient would exceed maximum allowance per physical therapy guidelines. As such, the requested service is non-certified.