

Case Number:	CM13-0051291		
Date Assigned:	04/25/2014	Date of Injury:	10/03/2010
Decision Date:	06/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 & 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:

This patient sustained an injury on 10/3/10. Request under consideration include physical therapy 10-12 sessions to bilateral hands. Diagnosis included foot pain, tendonitis NOS, DeQuervain's; hand pain. Report of 6/12/13 from the provider noted multiple areas of discomfort including the hands, feet and neck; still with bilateral thumb and wrist pain. Exam showed normal 5/5 motor strength; normal sensation and DTRs 2+ bilateral throughout extremities; positive Tinel's and Finkelstein with tenderness over 1st MCP and shin/EHL tendon. The patient was to continue with HEP and remained temporarily totally disabled. Report of 9/10/13 noted unchanged pain complaints. The patient had recent physical therapy of 2 sessions for the feet and 6 sessions for the hands. Therapist recommended use of modality only from severe flare from exercises. Exam findings remained unchanged. Treatment plan included continuing with PT 10-12 additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR PHYSICAL THERAPY: 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 Physical Therapy Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received prior sessions of physical therapy without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. Therefore, the request for physical therapy 10-12 sessions to bilateral hands is not medically necessary and appropriate.