

Case Number:	CM13-0056254		
Date Assigned:	12/30/2013	Date of Injury:	05/22/2009
Decision Date:	05/06/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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 and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in 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 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:

The injured worker is a 51-year-old male who reported injury on 11/20/2012. The mechanism of injury was an 18-wheel truck rollover. The documentation of 09/26/2013 revealed the injured worker had left hand symptomatology. The injured worker had pain to deep palpation in the mid palm which radiated along the midline 1/4 up the arm with no deformities. The recommendation was for physical therapy. The diagnoses included cubital tunnel syndrome in the right, pain in the left hand, and pain in the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment for Worker's Compensation, Online Edition Chapter: Ankle and Foot, ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: California MTUS Guidelines recommend physical medicine treatment with the maximum of 9 to 10 visits per myalgia and myositis. There was a lack of documentation

indicating the quantity of sessions previously attended and the body parts that were previously treated as well as the injured worker's objective functional benefit received from therapy. The request as submitted failed to indicate the body part to be treated. Given the above, the request for 9 physical therapy visits is not medically necessary.