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| Case Number: | CM13-0059897 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 05/15/2002 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 11/12/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, shoulder pain, and carpal tunnel syndrome reportedly associated with an industrial injury of May 15, 2002. Thus far, the applicant has been treated with the following: Earlier carpal tunnel release surgery; earlier shoulder surgery; unspecified amounts of physical therapy over the life of the claim; and carpal tunnel splint. In a Utilization Review Report of November 12, 2013, the claims administrator apparently denied a request for 12 sessions of physical therapy. The applicant's attorney subsequently appealed. A November 21, 2013 progress note is notable for comments that the applicant had a recent flare of left arm pain associated with a trip and fall injury. The applicant's hand pain is now returning to baseline, it is stated. 5/5 motor strength is noted on upper extremity muscle testing. The applicant is presently using Naprosyn, lidocaine, Flector, Losartan, and Tenormin, it is stated. The applicant is asked to pursue additional physical therapy, use carpal tunnel splints, and perform home exercises. The applicant's work status is not clearly stated. An earlier note of October 17, 2013 was also notable for comments that physical therapy was sought at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 12 sessions of treatment being proposed here would, in and of itself, represent treatment in excess of the 9 and 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue seemingly present here. In this case, it is further noted that pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse active therapy, active modalities, and tapering or fading the frequency of treatment over time. In this case, the applicant has, furthermore, is possessed of well-preserved, 5/5 upper extremity strength. It is not clearly stated why the applicant cannot transition toward self-directed home physical medicine, as noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, for all the stated reasons.