

Case Number:	CM13-0061797		
Date Assigned:	05/07/2014	Date of Injury:	05/26/2013
Decision Date:	06/13/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 66 year old female who was injured on 5/26/2013. The diagnoses are right wrist pain, status post right carpal tunnel release and left shoulder pain. The past surgery history is significant for right carpal tunnel release and left shoulder arthroscopy. The patient had completed 8 physical therapy sessions and was certified to return to modified work duty. The medication is listed as Ultracet. On 1/22/2014, [REDACTED] noted that the patient reported decreased pain and numbness with increased range of motion of the wrist and shoulder following post-surgical physical therapy. A Utilization Review decision was returned on 11/20/2013 recommending modified certification of right wrist physical therapy from 3 times per week for 4 weeks to 2 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS addressed the use of active physical therapy in the treatment of chronic joint pain. Physical therapy is used to alleviate discomfort or pain, restore flexibility, increase strength, endurance, function as well as range of motion on the affected part. The use of active treatment modalities such as exercise education, activities modification and active physical therapy is associated with substantial better clinical outcomes than passive physical therapy modalities. The MTUS guideline recommend progression to home exercise program after completion of the initial physical therapy treatment. Additional physical therapy may be beneficial during acute exacerbation of chronic pain if there are documented beneficial effects of the prior physical therapy treatments. On 1/22/2014, [REDACTED] noted that the patient reported significant reduction in pain and increase in function following completion of standard 8 physical therapy sessions. The indication for additional physical therapy was not met. Therefore, the request for physical therapy three times a week for four weeks for the right wrist is not medically necessary and appropriate.