

Case Number:	CM13-0062385		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2009
Decision Date:	04/01/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 31-year-old female who reported an injury on 04/09/2009, due to repetitive motions while packaging potato chips. The patient reportedly sustained injury to her neck, forearm, and hand. The patient's treatment history included anti-inflammatory medications and physical therapy. The patient's most recent clinical evaluation documented that the patient had right wrist pain rated at a 4/10 with tenderness to palpation over the palm, and reduced grip strength described as 4/5. Physical evaluation of the cervical spine documented tenderness to palpation along the cervical bilateral paraspinal musculature with limited range of motion secondary to pain. The patient's diagnoses included wrist pain and neck pain. The patient's treatment plan included physical therapy and continuation of psychological support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 Right wrist and neck: Upheld

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

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

Decision rationale: The requested physical therapy 2 times a week for 4 weeks for the right wrist and neck are not medically necessary or appropriate. The MTUS guidelines recommend that patients who have previously participated in a physical therapy program be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does support that the employee has had physical therapy previously for the wrist and neck. However, it is not noted within the current documentation that the employee is participating in a home exercise program to assist with pain control and range of motion deficits. Therefore, 1 to 2 visits to reassess and re-educate the employee in a home exercise program would be appropriate for this employee. However, the requested 2x4 would be considered excessive. As such, the requested physical therapy 2x4 for the right wrist and neck are not medically necessary or appropriate.