

Case Number:	CM13-0063888		
Date Assigned:	12/30/2013	Date of Injury:	09/13/2012
Decision Date:	04/18/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/10/2013

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 Internal Medicine, Pulmonary Diseases, 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 patient is a 58-year-old female who reported an injury on 07/15/2012. The mechanism of injury was repetitive duties. The patient was noted to undergo a right carpal tunnel release on 05/10/2013, and the patient had postoperative physical therapy. The documentation of 10/29/2013 revealed that the patient had neck pain, right elbow pain and bilateral hand pain as well as right knee pain. Physical examination revealed that the patient had bilateral reflexes that were equal and had a negative Tinel's at the elbow and median wrist. The Phalen's test was positive for tingling in the bilateral hands/fingers. The patient had diffuse tenderness of the right elbow and diffuse bilateral wrist and hand tenderness. The patient's diagnoses were noted to include a cervical spine strain, a right elbow strain, a right wrist surgery and a left wrist/hand strain. The request was made for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy three (3) times a week for six (6) weeks to the cervical spine, right elbow, and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Physical Therapy (PT), page 474.

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

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia. The clinical documentation submitted for review indicated that the patient's date of injury was 2012. There was a lack of documentation indicating the patient's prior treatments and the objective benefits received from those treatments and objective functional deficits to support the necessity for physical therapy. Additionally, the patient should be well versed in a home exercise program. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for physiotherapy 3 times a week for 6 weeks to the cervical spine, right elbow and bilateral wrists is not medically necessary.