

Case Number:	CM13-0063946		
Date Assigned:	01/22/2014	Date of Injury:	06/01/2011
Decision Date:	04/24/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/19/2013

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 Preventive 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:

According to the records made available for review, this is a 49-year-old female with a 6/1/11 date of injury. At the time (7/8/13) of request for authorization for physical therapy (PT) right wrist, there is documentation of subjective (bilateral wrist pain) and objective (tenderness to palpation over the volar aspect and area of the extensor pollicis longus tendon, decreased range of motion, positive Finkelstein's sign, positive Tinel's sign, and positive Phalen's sign) findings, current diagnoses (bilateral wrist tenosynovitis and carpal tunnel syndrome), and treatment to date (medications and physical therapy treatments x16 (with light improvement)). Medical report identifies a request for continued course of physical therapy, 2 times a week for 4 weeks. There is no documentation of exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Furthermore, there is no documentation of exceptional factors to justify exceeding guidelines. Lastly, despite documentation of light improvement following previous physical therapy treatments, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy treatments to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy (PT) right wrist is not medically necessary.