

Case Number:	CM13-0064632		
Date Assigned:	02/21/2014	Date of Injury:	04/13/2010
Decision Date:	05/22/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 patient is a 42-year-old female who sustained an injury on 4/13/10. The injury is a result of repetitive trauma, as well as a fall where she landed on her hands. The patient has been treated with conservative care, including physical therapy, a TENS unit, hot wax, and medications. A PR-2 note dated 12/23/13 reports that the patient complains of persistent and recurrent pain in the bilateral hands, forearms, and wrists. She has voluntarily restricted her working hours to 30 hours per week. She has tenderness on examination, full range of motion of the hands and wrists (with pain), and negative Tinel's and Finkelstein's testing bilaterally. Her physician recommended she undergo physical therapy to include strengthening. A prior PR-2 also recommended physical therapy. It is unknown based on the records whether this physical therapy was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 VISITS FOR THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-268.

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

Decision rationale: The California MTUS recommends active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviation of discomfort. The patient is documented to have full range of motion; strength was not documented in the report, nor was there documentation of discomfort levels. Furthermore, the guidelines recommend the allowance for fading of treatment frequency and the addition of active self-directed home physical medicine. The patient appears to have had at least 18 physical therapy visits without clear documentation of functional benefit or pain reduction. Documentation does not support additional physical therapy in excess of guideline recommendations (9-10 visits over eight weeks). The patient should be able to perform a home exercise program as this point. As such, the request is not medically necessary.