

Case Number:	CM13-0065190		
Date Assigned:	01/17/2014	Date of Injury:	07/28/2011
Decision Date:	07/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 29-year-old female who reported an injury on 07/28/2011. The mechanism of injury was not provided. On 03/25/2014, the injured worker presented with numbness and tingling to the left hand. The examination of the left hand noted there was altered sensation of the left thumb and little finger. There was also a positive Phalen's test and carpal tunnel compression to the left side. Prior treatments included physical therapy, a TENS unit, and medications. The physician requested physical therapy for the bilateral wrists. The physician's rationale was not provided. The Request for Authorization was not provided within the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X6 for the Bilateral Wrists: Upheld

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

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

Decision rationale: Per California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort from the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home, and there was a lack of documentation objective findings impacting the injured worker's functionality sufficient to require further supervised therapy. The provided documentation indicated deficits regarding the left wrist; however, there were no deficits in relation to the right wrist, which would make physical therapy for the bilateral wrist is not medically necessary.