MAXIMUS Federal Services

Case Number:	CM13-0066024		
Date Assigned:	01/03/2014	Date of Injury:	03/06/2005
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Texas. 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 60-year-old female who reported an injury on 03/06/2006. The mechanism of injury information was not provided in the medical record. The patient's diagnoses are noted to be carpal tunnel syndrome, shoulder joint pain, sprain of rotator cuff, and sprain or strain of the shoulder and arm. The patient has attended 12 physical therapy visits status post a ganglion cyst removal of the right wrist in 2011 and an additional 6 visits were approved in 08/2013. The most recent clinical note dated 11/22/2013 reveals the patient reported benefit with decreasing pain from her physical therapy sessions. However, she did note increased pain and numbness in her digits 2 through 4. The patient was using a topical ointment and ibuprofen and Tylenol. The patient's right hand grip strength was measured at 6/6/4; left hand 18/18/14. The patient is right-hand dominant. There was tenderness in the right hand palmar aspect with negative Tinel's and negative Phalen's test. There was no clicking or locking noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR TWO (2) WEEKS FOR THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The recommended number of physical therapy sessions for the diagnosis would be 6 visits of physical medicine per California MTUS guidelines. There is no documentation in the medical record the patient is receiving any significant functional improvement with the prior physical therapy sessions. With all physical therapy programs, the patient is given a home exercise program that they should follow throughout the course of physical therapy and upon completion in order to maintain functional gains. There is no significant documentation that would suggest the patient would not benefit from a home exercise program at this time. The request would exceed the recommendations per California MTUS Guidelines. As such, the request for physical therapy 3 x 2 to the right upper extremity is non-certified.