

Case Number:	CM13-0066341		
Date Assigned:	01/03/2014	Date of Injury:	10/25/2010
Decision Date:	04/11/2014	UR Denial Date:	11/02/2013
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 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 an employee who has filed a claim for right upper extremity pain associated with an industrial injury of October 25, 2010. The patient has had right wrist surgery on March 15, 2013, with twelve (12) post-operative physical therapy sessions from May to July 2013, with noted improvement of symptoms. As per the progress note, the patient reported that the thumb is feeling better. Other post-operative treatments to date include acupuncture, home exercises, topical analgesics, and opioid and non-opioid analgesics. The patient also received steroid injections to the elbows on multiple occasions for elbow symptoms. Of note, the patient has had left wrist surgery in 2012. The patient remains temporarily, totally disabled; the condition has not yet reached maximum medical improvement. The review of progress notes reveals slow progress of post-operative recovery, with continued weakness of the right hand, decreased grip strength, bilateral elbow pain, and subsequent limitation in activities. In a utilization review report of December 02, 2013, the claims administrator denied a request for twelve (12) physical therapy sessions to the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 12 PHYSICAL THERAPY TO THE RIGHT UPPER EXTREMITY BETWEEN 11/25/2013 AND 01/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 13-27.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 114,Postsurgical Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the ACOEM Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The Postsurgical Treatment Guidelines recommend fourteen (14) post-operative physical therapy sessions for this condition. The Chronic Pain Guidelines allows for fading of treatment frequency. In this case, the patient has already completed twelve (12) post-operative physical therapy sessions, with reported improvement of symptoms, but with residual weakness and decreased grip strength. There is also no compelling evidence that the functional goals and benefits to be gained from additional sessions would not be addressed by a home exercise program. The current request in addition to the completed sessions is in excess of guideline recommendations. Therefore, the request for twelve (12) additional physical therapy sessions was not medically necessary per the guideline recommendations.