

Case Number:	CM13-0069937		
Date Assigned:	01/03/2014	Date of Injury:	01/11/2011
Decision Date:	04/24/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopedic Surgery and is licensed to practice in Georgia and 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 58-year-old male who reported injury on 01/11/2011. The mechanism of injury was the patient was brushing the dirt off the bottom of a 2 door car and, while washing the car, his right hand slipped and struck the bottom posterior part of the driver's seat, and the patient developed pain in the right hand. The patient's diagnoses were noted to include pain in joint to forearm, pain psychogenic NEC, chronic pain NEC, pain in joint upper arm, degeneration lumbar lumbosacral disc, carpal tunnel syndrome, long term use of meds NEC, and therapeutic drug monitor. The documentation of 10/16/2013 revealed the patient had tenderness to palpation and mild edema in the right wrist and hand with the presence of a small firm mass of the dorsal right wrist and pain to palpation over the mass. The patient had tenderness to palpation in the left elbow and pain with flexion and extension of the elbow. Request on that date of service for 10/16/2013 was 12 sessions of physical therapy. The appeal dated 11/20/2013 revealed the patient had intractable bilateral upper extremity pain. The patient had surgery for his bilateral hands. The patient underwent a [REDACTED] functional restoration program. The patient had multiple physical therapy sessions. It was indicated the patient is having increased pain in the left elbow as a result of compensating for the right upper extremity. The physician opined that the patient should have more physical therapy, given the motion impairment in the left elbow. The request was modified to 6 sessions by the Claims Administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS FOR THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Guidelines recommend 9 visits to 10 visits of physical therapy for patients with myositis and myalgia. The clinical documentation submitted for review indicated the patient had multiple sessions of physical therapy and failed to indicate the number of sessions. There was a lack of documentation of functional benefit received from the physical therapy. Additionally, the physical examination submitted with the request failed to indicate the patient's functional deficits to support the necessity for further physical therapy. The patient should be well-versed in a home exercise program as the date of injury was 01/11/2011. The request for physical therapy sessions twice a week for three weeks for the bilateral upper extremities is not medically necessary and appropriate.