

Case Number:	CM13-0072089		
Date Assigned:	01/17/2014	Date of Injury:	05/27/2012
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Sports Medicine, 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 injured worker is a 56 year old female who reported an injury on 05/27/2012 secondary to stopping a swinging door. An MRI of the left wrist on 07/19/2012 revealed tears of the membranous and proximal portion of the scapholunate ligament with sprain of the dorsal ligament. She underwent an unknown duration of physical therapy following the injury in 2012. An MRI of the left wrist on 09/05/2012 showed degenerative changes and associated joint effusions without a specific tear. The injured worker has also been treated with a left shoulder cortisone injection which was noted as ineffective. She was evaluated on 12/17/2013 and reported 7/10 bilateral upper extremity pain, especially in the left wrist. On physical examination, the injured worker was noted to have full range of motion of the shoulders bilaterally with tenderness to palpation of the medial epicondyles bilaterally. She was also noted to have a positive Tinel's sign and positive Phalen's sign bilaterally. She was diagnosed with upper extremity overuse syndrome and depressive symptoms. Medications were noted to include Prozac. A request for authorization was submitted for 12 physical therapy visits for the bilateral upper extremities. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE PHYSICAL THERAPY VISITS TO BILATERAL UPPER EXTREMITIES:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 12 physical therapy visits for the bilateral upper extremities is not medically necessary. The injured worker reported bilateral upper extremity pain and was diagnosed with upper extremity overuse syndrome. She was noted to have full range of motion of the shoulders bilaterally. California MTUS Guidelines recommend physical therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviation of discomfort. There is a lack of evidence in the medical records submitted for review to indicate functional deficits in the upper extremities with regard to strength, range of motion values, or specific activities of daily living. The guidelines also recommend a treatment period of no more than 10 visits. The request for 12 visits of physical therapy exceeds evidence-based guidelines. As such, the request for 12 physical therapy visits for the bilateral upper extremities is not medically necessary.