

Case Number:	CM14-0100468		
Date Assigned:	07/30/2014	Date of Injury:	11/01/2008
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 62-year-old female who reported an injury on 11/01/2008. The mechanism of injury was not specifically stated. Current diagnoses include cervical strain, lumbar spine disc bulge, right wrist surgery on 01/2014, left carpal tunnel syndrome, right knee internal derangement, left knee internal derangement and other problems unrelated to the current evaluation. The injured worker was evaluated on 05/07/2014 with complaints of persistent pain over multiple areas of the body. It is noted that the injured worker has experienced right forearm and hand numbness since a right carpal tunnel release on 01/22/2014. Physical examination on that date revealed diminished sensation in the right upper extremity. Treatment recommendations at that time included physical therapy twice per week for 4 weeks and a left carpal tunnel release.

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 six weeks, to the cervical/lumbar/right hand and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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

Decision rationale: The 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. In this case, there is no documentation of a significant musculoskeletal or neurological deficit. There is also no evidence of the previous course of physical therapy with documentation of objective functional improvement. Based on the clinical information received, the request for physical therapy twice a week for six weeks, to the cervical/lumbar/right hand and right wrist is not medically necessary and appropriate.