

Case Number:	CM14-0102251		
Date Assigned:	07/30/2014	Date of Injury:	12/29/2013
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 38 year old male who reported an injury on 12/29/2013 due to an electrical shock. She was diagnosed with right hand paresthesia/neuropathy. Past treatments included physical therapy, sling, wrist splint, medications, and modified duty at work. Diagnostic studies were noted as an EMG nerve conduction velocity test of the right upper extremity performed on 02/11/2014 revealed mild right median sensory neuropathy across the wrist. On 05/19/2014, the injured worker complained of not making progress, he was having more problems with his shoulder with pain, and had reduced range of motion of his shoulder. His wrist was not moving, he indicated that his hand did not move well. Upon physical examination, he was noted to have a contracture of the extensors of the right wrist and his flexors of the right long and ring fingers. He was now able to abduct and forward flex his right arm only to a 90 degree angle and put his right hand behind his back to the posterior iliac crest. The medications were noted as Norco 5/325 mg, Lyrica 75 mg, Nortiptyline 25 mg, and Ibuprofen 600 mg. The treatment plan was discontinue the splinting and for the injured worker to be seen at an alternate therapy site. The treating physician also recommended stretching of the extensor forearm muscles and the flexors of the right long and ring finger. The rationale for the request was due to failed physical therapy. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy visits for the right hand/wrist 2 times a week for 4 weeks with evaluation as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Therapy.

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

Decision rationale: The request for an additional 8 physical therapy visits for the right hand/wrist 2 times a week for four weeks is not medically necessary. The injured worker complained of not making progress after completing 12 sessions of physical therapy. The California MTUS Guidelines recommend physical therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion. The Physical Medicine Guidelines allow for 8-10 visits over 4 weeks. There was a decrease in range of motion noted of the wrist noted after the completion of 12 physical therapy visits. There were no functional improvements with physical therapy, the injured worker reported on 05/19/2014 that his wrist was not moving and his hand did not move well. The request for 8 additional physical therapy visits, in addition to the 12 previously completed, would exceed the recommended maximum of 10 visits per the guidelines. Therefore, the request is not medically necessary.