

Case Number:	CM14-0105625		
Date Assigned:	07/30/2014	Date of Injury:	06/12/2008
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58 year old female was reportedly injured on 6/12/2008. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 6/16/2014, indicated that there were ongoing complaints of right elbow and right wrist pains. The physical examination demonstrated right elbow positive tenderness to palpation of the lateral epicondyle. There was decreased supination/pronation by 10 degrees due to pain. Motor strength was 5-/5. Positive tenderness was on the lateral aspect and volar aspects of the right wrist. Grip strength was 5-/5. No recent diagnostic studies are available for review. Previous treatment included physical therapy six sessions, wrist brace, and medications. A request was made for physical therapy for the right upper extremity two times a week for three weeks (six visits) and was not certified in the preauthorization process on 6/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173, 271. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 98-99 of 127 Page(s): 98-99 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of ten visits. The claimant has multiple chronic complaints and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent six sessions of functional restoration therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary. The only medical records we have concerning physical therapy is that patient was unhappy with the physical therapy facility. At this time, the records do not indicate medical necessity for the requested Physical Therapy.