

Case Number:	CM14-0013627		
Date Assigned:	02/26/2014	Date of Injury:	06/26/2012
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 44-year-old female with the date of injury of 06/26/2012. The listed diagnoses per [REDACTED] are cervical disk disease; degenerative joint disease and rotator cuff tendinitis; bilateral shoulders; bilateral upper extremity numbness rule out carpal tunnel syndrome; and trigger finger. According progress report 12/16/2013 by [REDACTED], the patient presents with continued bilateral upper extremity pain and numbness worse in the wrist and hands and bilateral shoulder and neck. Examination showed comfortable range of motion with mild paracervical tenderness. There was negative Finkelstein's bilaterally, but patient continues to have positive Tinel's test and Phalen's test bilaterally. Treater recommends the patient continue exercises and the use of anti-inflammatories and wrist brace. The request is for physical therapy 2 x 4 for the bilateral wrists. Utilization review denied the request on 01/10/2014. The utilization review letter discussed the phone conversation with requesting physician, [REDACTED] [REDACTED] states the patient has undergone a significant amount of previous therapy and treatment with some improvement with therapy, but she continues to have diffused multilevel pain. He request 8 additional physical therapy sessions for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS IN TREATMENT OF THE BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: This patient presents with chronic upper extremity and bilateral wrist complaints. Review of the agreed medical evaluation (AME) report from 05/20/2013 indicates the patient received 8 physical therapy sessions at the end of 2012 and another "course of therapy" in early 2013. The medical file provided for review does not clearly document the exact number of sessions received to date. However, it is clear that the patient received 8 physical therapy sessions in 2012 and another "course" in early 2013, and there is no documentation of functional improvement with these prior physical therapy sessions. Furthermore, progress reports indicated that the patient is participating in a home program. The treater does not discuss why the patient would not be able to continue a home program. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type sessions, 9 to 10 sessions over 8 weeks. It appears to have been 4-6 months since the last round of therapy. However, there is no documentation of new injury, exacerbation or functional decline to warrant additional therapy. MTUS also only allows up to 10 sessions for this kind of condition. The request for physical therapy 2 times per week for 4 weeks in treatment of the bilateral wrists is not medically necessary.