

Case Number:	CM14-0113727		
Date Assigned:	08/01/2014	Date of Injury:	05/11/2007
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 Pain Medicine 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:

The injured worker sustained an industrial injury on May 11, 2007. The injuries include the upper back, neck, hand and wrist. According to a progress note on date of service July 14, 2014, the injured worker continues to complain of neck pain that is rated 6 to 7 out of 10 with some slight numbness in the neck. Myofascial therapy was done and the patient "feels better after the therapy." Current medications include Flector patch, Salonpas, and Flexeril. There is notation that the patient takes very limited pain medication and is working full-time. The patient has been "maintaining with once a month myofascial therapy for the past 4 years." The disputed request is an additional 6 sessions of physical therapy for the right hand and wrist. A utilization review determination on July 1, 2014 had noncertified this request. The reviewer noted that the requesting provider had documented complex regional pain syndrome as a diagnosis, but there were no clinical signs of CRPS documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Additional Physical Therapy Visits for the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Hand and Wrist](https://www.acoempracguides.org/Hand%20and%20Wrist); Table 2, Summary of Recommendations, Hand and Wrist Disorders.

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

Decision rationale: According to a progress note on date of service July 14, 2014, the injured worker continues to complain of neck pain that is rated 6 to 7 out of 10 with some slight numbness in the neck. Myofascial therapy was done and the patient "feels better after the therapy." Current medications include Flector patch, Salonpas, and Flexeril. There is notation that the patient takes very limited pain medication and is working full-time. The patient has been "maintaining with once a month myofascial therapy for the past 4 years." Overall, this is not an appropriate maintenance program per the guidelines. Firstly, the physical medicine guidelines emphasize active versus passive modalities. Myofascial therapy is an example of passive therapy, and the MTUS has provision for this in a short course. Secondly, there is no documentation that the patient has ever failed a home exercise program. The patient is noted to perform home exercise, and generally from a clinical perspective this would seem to be of greater importance in maintaining functional gains rather than a once a week myofascial therapy. Given this clinical scenario, the request for additional physical therapy at this juncture is not medically necessary.