MAXIMUS Federal Services

Case Number:	CM14-0150636		
Date Assigned:	09/18/2014	Date of Injury:	01/26/2004
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 is 64 year-old female who sustained work-related injuries on January 26, 2004 due to repetitive excessive motion. The injured worker was seen by a treating physician on April10, 2014 with complaints of constant, moderate to severe pain in her hands and wrists that radiated to her elbows, forearms, and fingers. On examination, ranges of motion of the wrists were restricted and tenderness was present over the left distal radius. Tinel's sign at the wrists were also positive. An examination of the cervical spine revealed tenderness over the paracervical, levator scapulae, medial trapezius, and parascapular muscles, positive Spurling's sign, as well as limited range of motion with pain. Levator scapulae and trapezius muscle spasms were also detected. An electrodiagnostic study done on April 29, 2014 revealed (a) bilateral mild carpal tunnel syndrome, right side worse than the left with prolonged bilateral median sensory nerve latencies across the wrists; and (b) no evidence of ulnar neuropathy, radial neuropathy or cervical radiculopathy. The injured worker was reexamined from May 1, 2014 to July 31, 2014 with same complaints. There was no change in her physical objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation x 1, 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: Since the injured worker's injury in 2004, she had already been treated with physical therapy; hence, by this time, the injured worker is expected to be well-versed with self-directed exercises. Since progress reports did not show any recent flare-up of symptoms and in the absence of proper rationale to justify the need for supervised physical therapy over home exercises, the requested Physical Therapy Evaluation is therefore not medically necessary.

Physical Therapy X 8, Bilateral Wrist: 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: Since the injured worker's injury in 2004, she had already been treated with physical therapy; hence, by this time, the injured worker is expected to be well-versed with self-directed exercises. Since progress reports did not show any recent flare-up of symptoms and in the absence of proper rationale to justify the need for supervised physical therapy over home exercises, the requested Physical Therapy is therefore not medically necessary.