

Case Number:	CM14-0159136		
Date Assigned:	10/02/2014	Date of Injury:	11/12/2013
Decision Date:	10/29/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Geriatrics and is licensed to practice in New York. 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 43 year old man with a date of injury of 11/12/13. He was seen by his provider in orthopedic surgery and sports medicine on 7/24/14. He had pain in his right arm and hand that caused problems with sleeping. He had not yet started physical therapy. His exam showed palmar flexion to 50 degrees, dorsiflexion to 40 degrees and ulnar deviation to 30 degrees. Sensation was intact to his upper extremity and his motor strength exam was intact but decreased in his right hand. His deep tendon exam was normal. His diagnosis was right forearm tenderness, tremor right hand/ upper extremity. Prior EMG/NCV showed only mild right carpal tunnel syndrome, no evidence of cervical radiculopathy. At issue in this review is the request for physical therapy 2x per week for 4 weeks for the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy sessions for the right arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, the requesting note does not address functional status or therapy goals and objectives and why physical therapy is indicated at this point in his medical course or what the anticipated benefit would be to his function and / or pain. The records do not support the medical necessity for 8 physical therapy visits in this individual with chronic arm pain.