

Case Number:	CM14-0172468		
Date Assigned:	10/23/2014	Date of Injury:	11/05/2012
Decision Date:	11/25/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Surgery, has a subspecialty in and Hand Surgery and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 11/05/2012. The mechanism of injury was from repetitive motion. The diagnoses included mild carpal tunnel bilaterally and mild impingement of the right shoulder. The previous treatments included medication and 20 sessions of physical therapy. Within the clinical documentation dated 03/03/2014, it was reported the injured worker complained of shoulder pain that radiated intermittently, which she rated intermittent and slight. The injured worker complained of hand pain and she rated her pain as occasional and slight. Upon the physical examination of the wrist and hand, the provider noted there was no swelling and no tenderness to palpation. Range of motion was full at the wrists. Range of motion of the hands was normal. The injured worker had a positive Tinel's sign bilaterally, right greater than left. The provider indicated the sensory examination showed mild decreased sensation over the median nerve distribution, right greater than left. A request was submitted for physical therapy. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for weeks for the right wrist: Upheld

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

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

Decision rationale: The request for physical therapy 2 times a week for the right wrist is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for fading of treatment frequency plus active self-home physical medicine. The guidelines note for neuralgia and myalgia that 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The injured worker has completed 20 sessions of physical therapy; in addition, the number of sessions requested exceeds the guidelines recommendations. There is a lack of clinical documentation indicating the injured worker to have decreased functional ability or decreased strength or flexibility on the physical exam. Therefore, the request is not medically necessary.