

Case Number:	CM14-0023276		
Date Assigned:	05/14/2014	Date of Injury:	03/02/2011
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal 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 is a 55-year-old female with a reported date of injury on 03/02/2011. The mechanism of injury was not provided within the documentation available for review. The claimant presented with intermittent moderate left wrist pain, as well as numbness and tingling and sharp pains into the left hand. The claimant reported daily headaches. On physical examination, cervical range of motion revealed restriction with extension and left/right lateral rotation. Examination of the right elbow revealed tenderness to palpation with full range of motion observed. Physical exam of the left wrist revealed positive Tinel's and Phalen's signs, with a grip strength of 4/5. According to the clinical note dated 05/29/2013, the claimant had participated in 8 sessions of physical therapy, the results of which were not available within the documentation provided for review. The claimant's range of motion values were not provided within the documentation. Diagnoses included cumulative trauma to the cervical spine/bilateral wrists, cervical discopathy, right elbow lateral epicondylitis, history of carpal tunnel release, and left wrist carpal tunnel syndrome. Medication regimen was not provided within the documentation provided for review. The request for authorization of 8 physical therapy sessions to the left wrist and cervical spine 2 times a week for 4 weeks was submitted on 02/21/2014. The rationale for the request was not submitted within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS TO THE LEFT WRIST AND CERVICAL SPINE TWICE A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guidelines recommends 8 to 10 visits over a 4 week period. The clinical note dated 05/29/2013 indicates that the patient had attended 8 physical therapy sessions up to that point. The patient indicated in that note that she felt the physical therapy helped but it did not have lasting benefits. The rationale for the request was not submitted within the documentation available for review. In addition, the MTUS Guidelines recommend 8 to 10 visits over a 4 week period. The request for an additional 8 week period would exceed recommended Guidelines. Therefore, the request for 8 physical therapy sessions to the left wrist and cervical spine twice a week for 4 weeks is not medically necessary and appropriate.