

Case Number:	CM14-0025099		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2011
Decision Date:	08/11/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of August 9, 2011. A utilization review determination dated February 7, 2014 recommends non-certification for physical therapy of the right hand/wrist (unknown frequency and duration). Non-certification was recommended as the patient has had 24 physical therapy sessions and is participating in a home program. A progress report dated January 13, 2014 identifies subjective complaints of left sided neck pain and shoulder pain. The patient reports less numbness and tingling in the right upper extremity overall. She is now having more pain on the left side including the left upper extremity and left shoulder. She is considering surgery for the left shoulder. Objective examination findings identified decreased range of motion in the cervical spine with tenderness to palpation in the left trapezius muscles. She also has limited range of motion of the right wrist and a weak right grip. Diagnoses include cervical spinal stenosis, cervical degenerative disc disease, shoulder arthritis, bilateral impingement syndrome of the shoulders, and De Quervain's tenosynovitis. The treatment trigger point injections plan recommends, TENS unit, and continue with physical therapy for the right upper extremity. A progress report dated November 11, 2013 indicates that the patient complains of increased pain after her physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ON THE RIGHT HAND/WRIST (UNKNOWN FREQUENCY AND DURATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. ODG recommends occupational/physical therapy in the management of upper extremity conditions. ODG additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has already undergone. Additionally, there is no documentation of any objective functional improvement or other benefit from the provided physical therapy sessions. Furthermore, no specific objective treatment goals have been identified for the currently requested therapy. Finally, guidelines do not support the open-ended application of physical therapy, and the current request does not include a duration or frequency of treatment. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.