

Case Number:	CM14-0032092		
Date Assigned:	06/20/2014	Date of Injury:	05/20/1998
Decision Date:	07/24/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 the date of injury of May 20, 1988. A utilization review determination dated February 14, 2014 recommends noncertification of physical therapy for the wrists due to no objective clinical evidence of significant improvement in function from previous physical therapy. A progress report dated February 11, 2014 identifies that the patient has ongoing pain in the right hand and wrist. The remainder of the subjective complaints are illegible. Objective findings indicate tactile sensitivity to pain. Diagnoses include RSD and fibromyalgia. The treatment plan recommends OxyContin 40 mg, Norco, continue meloxicam, and recommend physical therapy. A progress report dated January 9, 2014 includes subjective complaints of right elbow pain and swelling which is decreased. Objective findings identified decreased swelling of the right (illegible). An x-ray dated December 23, 2013 identifies no definite fracture in the right elbow with improving olecranon fluid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy bilateral wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation (ODG), Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy.

Decision rationale: Regarding the request for physical therapy bilateral wrists, 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 carpal tunnel syndrome. 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 sessions of physical therapy the patient has undergone previously. Additionally, there is no documentation of any objective functional deficits which are to be addressed with the currently requested physical therapy. Finally, there is no statement indicating why an independent program of home exercise would be insufficient to address any remaining functional deficits. The request for physical therapy for the bilateral wrists is not medically necessary or appropriate.