

Case Number:	CM14-0032112		
Date Assigned:	04/09/2014	Date of Injury:	07/17/2012
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/06/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 07/17/2012 due to a fall of approximately 5 to 6 feet which reportedly caused injury to his right wrist, chest wall, face, scalp, right hip, pelvis, and lower back. The injured worker was evaluated on 07/19/2013. It was documented that the injured worker had persistent tenosynovitis and a Dupuytren's contracture that would benefit from physical therapy. The injured worker was again evaluated in 01/2014. It was documented that the injured worker had persistent right arm, low back, and leg pain. The injured worker's diagnoses included joint pain in the pelvis and joint pain in the hand. A request for treatment for 12 sessions of physical therapy 2 times 6 and trigger point injections was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR RIGHT HAND (2) TIMES A WEEK FOR (6) WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends physical medicine for injured workers with pain complaints and weakness and range of motion limitations. The clinical documentation submitted for review does indicate that the injured worker has previously participated in physical therapy. However, the efficacy of that therapy and the number of visits were not provided. Additionally, the California Medical Treatment Utilization Schedule recommends 8 to 10 visits for myofascial pain. The request itself is for 12 visits which exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. It would appear as the injured worker has previously participated in a course of physical therapy, they should be well versed in a home exercise program. There are no factors noted that would preclude further progress of the patient while participating in a home exercise program. As such, the requested physical therapy for the right hand 2 times a week for 6 weeks is not medically necessary or appropriate.