

Case Number:	CM14-0033142		
Date Assigned:	06/27/2014	Date of Injury:	06/05/2012
Decision Date:	08/05/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 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:

The patient is a 59-year-old female with date of injury of June 5, 2012. The listed diagnoses per [REDACTED] dated February 11, 2014 is carpal tunnel syndrome. According to this report, the patient complains of bilateral wrist pain. She rates her pain a 4/10. The patient also complains of left elbow pain that she rates 6/10. She also reports left shoulder pain at a rate of 7/10. The objective finding shows a positive EMG report of the upper extremities showing right carpal tunnel syndrome. The utilization review denied the request on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x3 units: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following: Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with bilateral wrist, left elbow, and left shoulder pain. The treater is requesting additional physical therapy x6. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type

symptoms. The review of 87 pages of records do not show any recent or prior physical therapy reports to verify how many treatments were received and with what results were accomplished. The report dated 08/19/2013 documents that the patient underwent carpal tunnel release surgery and has completed physical therapy on the left wrist; however, the number of treatments was not documented. The utilization review denied the request stating that the medical reports do not clearly establish objective and measured functional gains as a result of previous physical therapy. In this case, it appears that the patient received some physical therapy recently; however, the exact number of treatments is unknown. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function or improved quality of life. In this case, the treater does not document recent flare-ups, exacerbations or recent injury that would warrant additional therapy. Recommendation is for denial.