

Case Number:	CM14-0042801		
Date Assigned:	06/30/2014	Date of Injury:	04/16/2013
Decision Date:	07/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

This is a 34-year-old female who sustained a remote industrial injury on 04/16/13 diagnosed with bilateral wrist strains, component of bilateral forearm strains, component of bilateral elbow strains, component of bilateral de Quervain tenosynovitis, neck sprain, trapezius sprain, and bilateral carpal tunnel syndrome. Mechanism of injury is not specified. The request for physical therapy for 6 sessions to the cervical was non-certified at utilization review due to the expectation that the patient continue a non-supervised rehabilitation regimen after completing 16 sessions of physical therapy. The most recent progress note provided is 03/03/14. Patient complains primarily of pain in the left shoulder, left arm, left hand, and right hand rated as a 2/10. Patient reports anxiety, headaches, stiffness, and muscle aches. Physical exam findings reveal paraspinal and trapezius muscle tenderness and tightness; range of motion of the neck with pain at the end of range extension; slight left lateral epicondylar tenderness; and extensor muscle belly tenderness in bilateral forearms with the left greater than the right. Current medications are not listed. It is noted that the patient was seeing an Orthopedist for a few months resulting in no significant benefit but the patient continues to benefit from physical therapy. Provided documents include several previous progress reports and handwritten physical therapy notes that are barely legible. The patient's previous treatments include physical therapy and massage therapy. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 6 sessions to the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter and Forearm, Wrist and Hand Chapter.

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

Decision rationale: According to CA MTUS guidelines, Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Provided documentation, including the previous utilization review, notes that the patient has participated in at least 16 physical therapy sessions. However, the treating physician and physical therapist do not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in an independent home exercise program. Further, the frequency of sessions in this request is not specified. Thus, medical necessity is not supported and the requests for physical therapy for 6 sessions to the cervical are not medically necessary.