

Case Number:	CM14-0048139		
Date Assigned:	07/02/2014	Date of Injury:	04/18/2012
Decision Date:	08/22/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/16/2014

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 Preventive 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:

According to the records made available for review, this is a 47-year-old female with a 4/18/12 date of injury and status post carpal tunnel release in 2012. At the time (3/17/14) of request for authorization for physical therapy 12 visits, there is documentation of subjective complaints of right palm pain and sensitivity and objective findings of positive impingement sign of bilateral shoulders with stiffness and pain on range of motion, tenderness to palpation over the right carpal scar, equivocal Tinel's signs bilaterally, diminished grip strength, and mild lateral epicondylar tenderness bilaterally. Current diagnoses include status post bilateral carpal tunnel release with ulnar nerve decompression at the wrists, bilateral forearm tendinitis, bilateral lateral epicondylitis, bilateral shoulder impingement, left radial tunnel syndrome, and history of Complex Regional Pain Syndrome (CRPS). Treatment to date included at least 14 physical therapy sessions. There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines and functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of impingement syndrome not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. When treatment requests exceed guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of status post bilateral carpal tunnel release with ulnar nerve decompression at the wrists, bilateral forearm tendinitis, bilateral lateral epicondylitis, bilateral shoulder impingement, left radial tunnel syndrome, and history of Complex Regional Pain Syndrome (CRPS). In addition, there is documentation of previous physical therapy sessions. However, given documentation of at least 14 physical therapy sessions completed to date, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 12 visits is not medically necessary.