

Case Number:	CM14-0061793		
Date Assigned:	07/09/2014	Date of Injury:	12/31/2008
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, 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:

According to the records made available for review, this is a 69-year-old female with a 12/31/08 date of injury. At the time (4/16/14) of the request for authorization for 12 additional sessions of physical therapy for the left wrist, twice a week for 6 weeks, as outpatient, there is documentation of subjective (an increase in left hand palmar pain) and objective (swelling and mild tenderness along the fourth metacarpal, resisted flexion of the left ring finger causes palmar pain) findings, current diagnoses (tenosynovitis of hand/wrist bilateral, myalgia and myositis unspecified, and aftercare surgery musculoskeletal system), and treatment to date (physical therapy (number of sessions completed to date is unknown)). The number of previous physical therapy sessions cannot be determined. In addition, there is no documentation of functional deficits and functional goals; 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 with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Physical Therapy for the Left Wrist, Twice a Week for 6 Weeks, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Physical Therapy.

Decision rationale: MTUS-Definitions 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 synovitis and tenosynovitis not to exceed 9 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) and when treatment requests exceeds 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 tenosynovitis of hand/wrist bilateral, myalgia and myositis unspecified, and aftercare surgery musculoskeletal system. In addition, there is documentation of treatment with previous physical therapy. However, there is no documentation of the number of sessions completed to date and, if the number of sessions completed to date exceeds guidelines, a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional deficits and functional goals. Furthermore, 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 with previous physical therapy. Finally, the requested 12 additional sessions of physical therapy for the left wrist, twice a week for 6 weeks, as outpatient exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 12 additional sessions of physical therapy for the left wrist, twice a week for 6 weeks, as outpatient is not medically necessary.