

Case Number:	CM14-0079814		
Date Assigned:	07/18/2014	Date of Injury:	02/04/2013
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 Family Medicine, and is licensed to practice in Utah. 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 27 year-old female. The patient's date of injury is 02/04/2013. The mechanism of injury is described as a cumulative trauma from data entry. The patient has been diagnosed with bilateral wrist pain, carpal tunnel syndrome, sprain of wrist, tear of TFCC in the wrist and hand pain. The patient's treatments have included imaging studies, physical therapy, modified work programs, and medications. The physical exam findings, dated 3/4/2014 showed no tenderness to palpation of the cervical neck, nor muscle spasm. Motor strength was noted as 5/5 in the upper limbs. Reflexes were reported as normal. The request is for Physical Therapy with Edgelow technique 3 x 6. The patient has already been certified for 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with Edgelow technique 3 x 6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 114 physical therapy. Official Disability Guidelines (ODG), Physical Therapy Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 18 additional Physical Therapy sessions. MTUS guidelines state the following: no more than 24 session of PT for any specific injury. There is documentation provided of previous therapy sessions. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy sessions are medically necessary.