

Case Number:	CM14-0082777		
Date Assigned:	07/21/2014	Date of Injury:	09/26/2012
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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:

This is a patient with a date of injury of 9/26/12. A utilization review determination dated 5/14/14 recommends modification of physical therapy from 6 sessions to 3 sessions. The 4/22/14 medical report identifies that the patient has received 10 sessions of therapy and the right wrist is a bit better, but she still gets a lot of right wrist pain toward the right long finger with right forearm pain persisting going up to the right shoulder. She is working modified duties without typing, but cannot use a mouse due to right wrist pain. On exam, there is left shoulder positive impingement test, a tender right elbow laterally with pain on ROM, a mildly stiff right wrist, tenderness around the flexor tendon sheath of the right long finger, and decreased grip on the right. The provider noted that she will continue with authorized sessions of therapy and requested authorization for 6 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 10 physical therapy sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of at least 10 prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.