

Case Number:	CM14-0087159		
Date Assigned:	07/23/2014	Date of Injury:	10/18/2013
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/10/2014

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 Georgia. 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 claimant is a 64 year old female presenting with chronic pain following a work related injury on 10/18/2013. The claimant is status post left distal radius ORIF (Open Reduction Internal Fixation)/ CTR (Carpal tunnel release surgery) and left brachioradialis tenotomy on 12/29/2013. On 3/11/2014, the claimant complained of constant aching, shooting and tender pain in left palm, web and metacarpal of thumb. She reported pain disproportionate to inciting event. The physical exam showed warm feeling in the hand with changes in skin color, edema, and/or sweating, decreased range of motion. The claimant had post-operative physical therapy. According to the medical records, the claimant had sufficient post op physical therapy. The claimant was diagnosed with complex regional pain syndrome. The provider recommended physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions for Upper Left Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines , ACOEM pain chapter pg 114.

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

Decision rationale: Physical Therapy 2 times per week for 6 weeks to treat upper left extremity is not medically necessary. Page 99 of CA MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records documents sufficient prior physical therapy. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with previous physical therapy. Therefore, the request of twelve (12) Physical Therapy sessions for Upper Left Extremity is not medically necessary and appropriate.