

Case Number:	CM14-0101506		
Date Assigned:	09/16/2014	Date of Injury:	06/11/2011
Decision Date:	12/15/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 54 year old male, who sustained an industrial injury on 06-11-2011. A review of the medical records indicates that the worker is undergoing treatment for cervical, lumbar and bilateral shoulder spasm, cervical and lumbar disc herniation, bilateral shoulder internal derangement, thoracic and lumbar musculoligamentous injury, left de Quervain's disease and left carpal tunnel syndrome. Treatment has included pain medication, injection therapy, night splints, physical therapy (received prior to left carpal tunnel release) and bracing which were noted to have failed to significantly relieve symptoms. The injured worker underwent left carpal tunnel release on 04-22-2014. Subjective complaints (04-28-2014) included low back, bilateral shoulder, right wrist and heel pain. Objective findings (04-28-2014) included tenderness to palpation of the cervical, thoracic and lumbar spine, bilateral shoulder and right wrist and spasm of the cervical and lumbar spine. No left wrist complaints or abnormal objective findings were documented during this visit. Subjective complaints (06-02-2014) included low back pain radiating to the lower extremities, bilateral shoulder pain radiating to the arms and bilateral wrist pain, numbness, tingling, weakness and cramping. Objective findings (06-02-2014) of the left wrist included decreased range of motion and well healing surgical scar with swelling. The physician noted that left wrist post-surgical physical therapy 2-3 x per week for weeks was being requested. There was no indication to any previous post-surgical physical therapy visits of the left wrist had been received but documentation shows that physical therapy of the left wrist prior to the procedure had failed to significantly reduce symptoms. A utilization review dated 06-13-

2014 modified a request for physical therapy for the left wrist 2-3 times per week for 6 weeks #18 to certification of physical therapy: 4 sessions (left wrist).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left wrist 2 to 3 times per week for 6 weeks #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with low back pain radiating to the lower extremities, bilateral shoulder pain radiating to the arms and bilateral wrist pain, numbness, and tingling. The current request is for Physical Therapy for the left wrist 2 to 3 times per week for 6 weeks #18. The treating physician states, in a report dated 06/02/14, "Left wrist post-surgical Physical Therapy 2-3 x per week for 6 weeks." (73B) There is nothing in the medical records to indicate that patient had undergone left wrist surgery within 6 months prior to the report. The MTUS guidelines state that 8-10 visits are allowed for myalgia and neuritis type pain. In this case, the treating physician requested an additional 8 physical therapy sessions which exceeds the MTUS guidelines. The current request is not medically necessary.