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| Case Number: | CM14-0133739 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 08/22/2012 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 (IW) is a 49 year old female who sustained an industrial injury on 08/22/2012. The injured worker was diagnosed as having cervical pain, right wrist/hand pain, right shoulder pain, and possible thoracic outlet syndrome. Treatment to date has included chiropractic treatment, acupuncture, physical therapy, activity modification, home exercises, use of a TENS (Transcutaneous Electrical Nerve Stimulation) unit, pain medications and non-steroidal anti-inflammatory medications with monitoring of drug use. On 06/04/2014, the injured worker reports improved range of motion with medication. She describes her cervical pain as 6/10; her right wrist/hand pain, 5/10; and right shoulder pain, 6/10 on a scale of 1-10 with 10 being the most severe pain. The treatment plan of care is for continued physical therapy for the right hand, 8 additional visits at 2 times a week for 4 weeks as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy for the right hand, 2 times a week for 4 weeks, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253 - 279, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 49 year old female with an injury on 08/22/2012. She has neck, wrist, shoulder, and hand pain. She has been treated with acupuncture, chiropractic therapy, physical therapy and a home exercise program. MTUS, ACOEM guidelines note that a few visits of physical therapy may be needed for instruction for a home exercise program. The patient already had instruction in a home exercise program. The previous number of physical therapy visits combined with the present request for additional physical therapy would exceed the maximum number of physical therapy visits allowed under MTUS, Chronic Pain guidelines. Also, there is no objective documentation that continued formal physical therapy at this time relative to the date of injury is superior to a home exercise program and is not medically necessary.