

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0142869 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/01/2012 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

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 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 54 year old female patient who sustained a work related injury on 9/1/12. The exact mechanism of injury was not specified in the records provided. The current diagnoses include bilateral CTS. Per the doctor's note dated 7/30/14, patient has complaints of bilateral hand pain numbness and tingling. Physical examination revealed weakness in both hands. The current medication lists include Tapazole, Elavil and Imitrx. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include left CTR on 5/27/14 and right CTR on 3/11/14. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine."

Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Additional Physical Therapy #6 is not fully established for this patient.