

Case Number:	CM14-0180557		
Date Assigned:	11/05/2014	Date of Injury:	08/24/2014
Decision Date:	04/15/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female sustained a work related injury on 08/24/2014. According to the only report submitted for review and dated 09/22/2014, subjective complaints included right shoulder, right elbow and right wrist/hand. Diagnoses included right shoulder sprain/strain, shoulder impingement, right elbow sprain/strain, lateral epicondylitis, right wrist sprain/strain, carpal tunnel syndrome and right middle finger trigger finger acquired. Treatment plan included physical therapy 3 x 4, x-rays of the right hand right wrist, right shoulder and right elbow, refer to MD for medication, Functional Capacity Evaluation (initial), cardio respiratory test and right wrist brace. The injured worker could return to regular work on 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks to the right wrist and right elbow:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a 6-visit trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals. Furthermore, the request exceeds the amount of PT recommended as a trial by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.