

Case Number:	CM14-0190543		
Date Assigned:	11/24/2014	Date of Injury:	04/02/2004
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine and Fellowship Trained in Hematology Oncology and is licensed to practice in New York and New Jersey. 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 injured worker is a 59-year-old female who reported an injury on 04/02/2004. The mechanism of injury was not stated. The current diagnoses include bilateral carpal tunnel syndrome and bilateral elbow medial and lateral epicondylitis. The injured worker presented on 10/10/2014 with complaints of bilateral hand and wrist pain. Previous conservative treatment is noted to include physical therapy, bracing, and medication management. Physical examination revealed diminished grip strength bilaterally, tenderness to palpation, decreased sensation, and positive Phalen's testing. Treatment recommendations at that time included additional physical therapy. A Request for Authorization form was then submitted on 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the documentation provided, the injured worker has participated in a previous course of physical therapy. Additional treatment cannot be determined as medically appropriate at this time. There is no documentation of the previous course, with evidence of objective functional improvement. There is also no specific body part listed in the current request. Therefore, the request is not medically appropriate.