

Case Number:	CM14-0190850		
Date Assigned:	11/24/2014	Date of Injury:	09/30/2011
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 43 year old female sustained a work related injury on 09/30/2011. According to Utilization Review, the mechanism of injury was cumulative trauma in the workplace. As of an office visit dated 10/15/2014 the injured worker complained of pain in the head, neck, upper back and both wrists. Pain was frequent, moderate to severe and associated with muscle pain. Pain was rated as a 7 on a scale of 1-10. Pain was sometimes relieved with rest, medication and massage/stretching. Pain was reported to be worsening since the injury. 75-80% of the pain was located in her neck and 90% was located in her arms. The injured worker reported that she avoids performing household chores and participation in recreation due to pain. Physical examination revealed full range of motion of the elbows and wrists bilaterally. There was negative Tinel's and Phalen's sign. There was normal bulk and tone in all major muscle groups of the upper extremities. No atrophy was noted. Motor strength was 5/5 and symmetric throughout the bilateral upper extremities. Sensory exam was noted as grossly intact to light touch and pinprick throughout the upper extremities. Deep tendon reflexes were normal. Reflexes were symmetric at 2+/4 in the bilateral upper extremities. Diagnosis included bilateral wrist tenosynovitis. Plan of care included follow up in 4 weeks and physical therapy 2 x6 to neck, wrists for worsening symptoms. Restrictions included no forceful grasping or torquing. Progress notes submitted for review indicated that previous treatments have included Voltaren Gel and wrist braces. Radiographic imaging reports were not submitted for this review. On 10/22/2014, Utilization Review non-certified physical therapy x 12 for the bilateral wrist and neck that was requested on 10/15/2014. According to the Utilization Review physician, the guidelines would support an expectation for an ability to perform a proper non-supervised rehabilitation regimen for the described medical situation when an individual is this far removed from the onset of symptoms. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) times 12 Bilateral Wrist and Neck: Upheld

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

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is no documentation of specific objective functional improvement from any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the requested Physical Therapy is not medically necessary.