

Case Number:	CM14-0191183		
Date Assigned:	11/25/2014	Date of Injury:	10/24/2012
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
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 Internal 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:

The injured worker sustained a work related injury on December 5, 2013, from prolonged sitting and repetitive use of the upper extremities, developing pain in the neck, shoulders, and hands. An initial Primary Treating Physician's report dated 01/10/2014, noted the injured worker complained of headaches, neck pain with numbness and tingling of the bilateral upper extremities, burning bilateral shoulder pain, burning bilateral wrist pain, with abdominal disturbances and difficulty sleeping due to the pain. An Agreed Medical Orthopedic Evaluation and Report dated August 14, 2014, noted the injured worker with complaints of constant neck pain, numbness and tingling of the bilateral hands, constant right shoulder pain, intermittent left shoulder pain, and constant right wrist and hand pain with intermittent numbness and tingling in the left hand. The injured worker's conservative treatments were noted to include oral medications and physical therapy. The Physician noted the impression from the x-rays performed in the office on that date and physical examination included degenerative disc disease of the cervical spine, chronic cervical strain, right shoulder partial thickness tear of the supraspinatus tendon with impingement sign, rotator cuff tendonitis/bursitis of the left shoulder, lateral epicondylitis/extensor tendonitis of the right elbow, early arthritis of the right thumb, status post arthroscopic excision of distal ulna, right wrist and managing ligament tear with tear of triangular ligament per MRI dated July 14, 2014, probable left carpal tunnel syndrome, and right carpal tunnel syndrome. A Physical Therapy progress note dated October 6, 2014, noted the injured worker had participated in forty-three therapy visits, with reports that therapy had helped by "working out the knots" in the neck. A request for authorization for an additional twelve physical therapy visits for the bilateral wrist was made by the Primary Treating Physician on October 8, 2014. On October 15, 2014, Utilization Review evaluated the request for the additional twelve physical therapy visits for the bilateral wrists, citing MTUS American College

of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, and the Chronic Pain Medical Treatment Guidelines. The UR Physician noted the injured worker's forty-three physical therapy visits had exceeded guidelines for both post-operative rehabilitation and treatment in the chronic phase, with information on how, where, and the results of that therapy had not been obtained. The UR Physician noted that the medical necessity of the additional twelve physical therapy visits for the bilateral wrists had not been established. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program x 66 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy 12 visits bilateral wrists are not medically necessary. Patients should be formally assessed after a six week clinical trial to see if patients are moving in a positive direction, no direction, or negative direction (prior to continuing physical therapy). The guidelines provide frequency and duration of physical therapy. See guidelines for specific details. Pain in the joint may receive nine visits over eight weeks; sprains and strains of the wrist and hand may receive nine visits over eight weeks; and the guidelines allow for fading of treatment frequency (from up to three visits or more per week to one or less, plus active self-directed home physical therapy. In this case, the injured worker was diagnosed with cervical, right shoulder and bilateral wrist sprain strain. The documentation reflects the injured worker completed 43 sessions of physical therapy, however the notes do not break down what regional areas were specifically treated. Although the guidelines allow for fading of treatment frequency, the injured worker clearly exceeded what the guidelines allow for both postoperative rehabilitation and treatment in the chronic phase of recovery (per the ODG). There is no clinical documentation supporting additional physical therapy nor is there objective functional improvement supporting additional physical therapy. Consequently, physical therapy 12 visits bilateral wrists are not medically necessary.