

Case Number:	CM14-0198480		
Date Assigned:	12/08/2014	Date of Injury:	09/13/2011
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 worker had onset of pain in both of his wrists and hands while unloading boxes from his truck on 09/13/2011. According to Doctor's first report of occupational injury on 09/03/2014 he has bilateral wrists tenderness to palpation, positive Tinel's and Phalen's tests of both wrists, decreased DRT bilateral biceps/triceps/brachioradialis, decreased motor strength of wrists and hands and decreased sensation of both upper extremities median nerve distribution. His diagnoses include bilateral wrist strain/sprain, rule out bilateral carpal tunnel syndrome, and bilateral wrist chronic overuse syndrome. He was prescribed Fluriflex, TGHOT, tramadol, and an interferential unit and a hot and cold unit. A functional capacity evaluation was requested. Physical Therapy was on hold.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions, 1 time per week for 6 weeks, bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The guidelines recommend physical therapy 3 visits per week fading to 1 or less plus an active self-directed home physical medicine program. The treatment frequency and duration for myalgia and myositis should be limited to 9-10 visits over 8 weeks and for neuralgia, neuritis and radiculitis 8-10 visits over 4 weeks. The formal request in this case is for weekly visits x 6, however the documentation from the visit states physical therapy is on hold and does not indicate that physical therapy is being requested. Although, the records available to me do not indicate previous physical therapy, this statement indicates he has been receiving physical therapy already and the utilization review states that he has. In order to justify continued physical therapy there should be documentation of benefit and a rationale provided for exceeding the recommended duration and frequency. Medical necessity for the requested physical therapy has not been established.