

Case Number:	CM14-0200452		
Date Assigned:	12/10/2014	Date of Injury:	11/15/2013
Decision Date:	02/11/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 is a male patient with a date of injury of November 15, 2013. A utilization review determination dated November 13, 2014 recommends non-certification of physical therapy once a week for six weeks for bilateral hands. A progress note dated September 25, 2014 identifies subjective complaints of the patient's original injury reported as being in 1989. The physical examination reveals that the patient is in no acute distress, the patient is able to toe walk but slowly, and heel walk is not good. The diagnoses include lumbar spine pain, cervical spine pain, bilateral shoulder pain, and bilateral hand pain. The treatment plan recommends physical therapy once per week for six weeks, bilateral wrist MRI, toxicology testing, and acupuncture once per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, once a week for six weeks for the bilateral hands: Upheld

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

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 once a week for six weeks for bilateral hands, 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 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 are no subjective complaints or physical examination findings indicating bilateral hand pain; there is no indication of any specific objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy once a week for six weeks for bilateral hands is not medically necessary.