

Case Number:	CM14-0207816		
Date Assigned:	12/19/2014	Date of Injury:	12/13/2013
Decision Date:	02/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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 Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder, hand, and wrist pain reportedly associated with an industrial injury of December 13, 2013. In a utilization review report dated December 2, 2014, the claims administrator denied a request for six sessions of physical therapy for the hands and wrists. The claims administrator contented that the applicant had completed somewhere between 16 to 30 sessions of physical therapy to date. The applicant had undergone left and right carpal tunnel release surgeries, it is incidentally noted. The claims administrator referenced a November 19, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a November 19, 2014 progress note, the applicant presented with right shoulder pain, bilateral elbow pain, and bilateral wrist pain. Pain cumulatively rated at 3/10 was noted. The applicant was on Celebrex, Plaquenil, folate, methotrexate, Levoxyl, and Zocor, it was incidentally noted. Multiple medications were renewed, along with additional physical therapy. The applicant was asked to remain off work, on total temporary disability, in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of Physical Therapy to the bilateral hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99 and 8.

Decision rationale: 1. No, the request for six sessions of physical therapy to the bilateral hands is not medically necessary, medically appropriate, or indicated here. The applicant has had prior treatment (16 to 30 sessions, per the claims administrator), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, it is further noted, stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off work, on total temporary disability, and remains dependent on a variety of analgesic and adjuvant medications, including Celebrex, despite completion of extensive prior physical therapy/occupational therapy. Therefore, the request for additional therapy is not medically necessary.