

Case Number:	CM14-0213106		
Date Assigned:	12/30/2014	Date of Injury:	12/31/2001
Decision Date:	02/20/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 66-year-old female with a 12/31/01 date of injury. According to a progress report dated 10/1/14, the patient reported no significant improvement since her last exam. She continued to have pain in her hands. The provider has requested physical therapy 3 times a week for 4 weeks for both hands. Objective findings: deformity of left hand digits, tenderness present especially over the left first digit, paravertebral muscles are tender with spasms, restricted lumbar spine range of motion, bilateral joint lines are tender to palpation. Diagnostic impression: bilateral carpal tunnel syndrome, internal derangement of left knee, recurrent dislocation of shoulder, lumbar sprain/strain. Treatment to date: medication management and activity modification. A UR decision dated 12/1/14 denied the request for physical therapy 3x4. The request is non-certified due to a lack of documentation showing evidence of significant functional deficits in the bilateral hands and due to the requested number of sessions exceeding the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter - Physical Therapy. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. In the present case, this patient has a 2001 date of injury and has likely had prior physical therapy treatment. However, the total number of sessions completed has not been documented. In addition, there is no documentation of functional improvement from past treatment. Guidelines support up to 9 visits over 8 weeks for sprains and strains of the hand. This is a request for 12 sessions, which exceeds guideline recommendations. Therefore, the request for Physical Therapy 3x4 was not medically necessary.