

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0206032 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 11/14/2011 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64-year-old male with a date of industrial injury 11-14-2011. The medical records indicated the injured worker (IW) was treated for bilateral wrists sprain-strain, bilateral de Quervain's tenosynovitis and mild bilateral carpal tunnel syndrome. In the progress notes (8-18-15), the IW reported pain in the bilateral wrists, rated 4 out of 10, with numbness and tingling. The notes indicated there was no functional improvement since the previous visit. On 7-13-15, the IW had complaints of numbness and tingling in the hands: it was "intermittent" on the right and "minimal" on the left. On examination (8-18-15 notes), he was in mild distress and there was guarding of the left upper extremity. Treatments included bilateral wrist injections (with benefit), acupuncture, chiropractic treatment and physical therapy (24 sessions). Norco was helpful. The IW was temporarily totally disabled. A Request for Authorization was received for physical therapy for the bilateral wrists, twice a week for six weeks. The Utilization Review on 9-28-15 non-certified the request for physical therapy for the bilateral wrists, twice a 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 2x a week x 6 weeks for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records indicate the patient has ongoing neck, low back, bilateral shoulder and bilateral wrist pain. The current request for consideration is physical therapy 2x a week x 6 weeks for the bilateral wrists. The CA MTUS does recommend physical therapy for the hands and wrists as an option. The MTUS does recommend physical therapy at a decreasing frequency with a transition into independent, home-based exercise. The CA MTUS recommends for myalgia and myositis unspecified: 9-10 visits over 8 weeks. In this case, the records indicate the patient has completed 24 sessions of chiropractic and physical therapy. There are no functional deficits noted in the records and there is no demonstration of functional improvement since the last progress report. Furthermore, the current request greatly exceeds the 9-10 visits that MTUS recommends for such diagnoses. As such, the current request is not consistent with MTUS guidelines and not medically necessary.