

Case Number:	CM15-0029702		
Date Assigned:	02/23/2015	Date of Injury:	06/17/2014
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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

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:

The injured worker is a 36 year old female, who sustained an industrial injury on June 17, 2014. The injured worker has reported a left wrist and upper extremity injury. The diagnoses have included a left wrist and hand sprain/strain and a De Quervain's release in 2008. Treatment to date has included medications, physical therapy, wrist brace and a trigger finger steroid injection. Current documentation dated January 2, 2015 notes that the injured worker complained of left wrist pain and numbness and tingling of the left upper extremity. Physical examination of the left wrist revealed a decreased range of motion and a positive Tinel's and Phalen's sign. There was also locking of the second and third digits in the left hand with flexion and extension. The treating physician requested physical therapy treatments for increasing range of motion, strength training and decreasing pain. On February 10, 2015 Utilization Review non-certified a request for physiotherapy two times a week times six weeks. The MTUS, Physical Medicine Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x6: 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: This patient presents with left wrist and hand pain. The current request is for PHYSIOTHERAPY 2X6. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Progress report dated 7/3/14 recommended "PT." On 8/29/14, the treating physician prescribed physical therapy "2-3 times a week for the next 6 weeks." On 1/2/15, treatment plan included 2x6 physical therapy session. There are no physical therapy progress reports provided for review. The exact number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the request for 12 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.