

Case Number:	CM15-0031381		
Date Assigned:	02/24/2015	Date of Injury:	04/01/2008
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/19/2015

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: Pennsylvania, Ohio, 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 56 year old female, who sustained an industrial injury on April 2, 2007. She has reported pain and stiffness in bilateral shoulders and bilateral carpal tunnel syndrome with pain in the forearms. The diagnoses have included pain in the joint, shoulder and forearm, right shoulder stiffness and bilateral carpal tunnel syndrome status post left carpal tunnel release with possible wound infection. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left wrist, conservative therapies, medications and work restrictions. Currently, the IW complains of pain and stiffness in bilateral shoulders and bilateral carpal tunnel syndrome with pain in the forearms. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without resolution of the pain. Evaluation on February 10, 2015, revealed continued pain. Physical therapy was requested. On January 27, 2015, Utilization Review non-certified a request for Physical therapy 2 times a week times 6 weeks for the left wrist, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of requested Physical therapy 2 times a week times 6 weeks for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 6 weeks for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.