

Case Number:	CM15-0039928		
Date Assigned:	03/10/2015	Date of Injury:	07/02/2013
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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 55-year-old male who reported an injury on 7/02/2013. The mechanism of injury was the injured worker was involved in a foot pursuit of bank robbery suspects when he climbed a fence, which gave way causing him to fall to the ground. The injured worker was noted to undergo a course of physical therapy and acupuncture which was non-beneficial. The documentation of 1/14/2015 revealed the injured worker had complaints of frequent pain in the bilateral wrists and hands that were aggravated by repetitive motion. The injured worker was noted to undergo right hand surgery in 1987. The physical examination of the bilateral wrists and hands revealed tenderness over the volar aspect of the wrists, the right side greater than the left. There was a positive palmar compression test with subsequent Phalen's maneuver. The Tinel's sign was positive over the carpal tunnel. The range of motion was full, but painful. There was no clinical evidence of instability. The injured worker underwent x-rays of the bilateral hands and wrists, which were within normal limits. The diagnoses included bilateral carpal tunnel/double crush syndrome and degenerative joint disease right MTP. The treatment plan included physical therapy with bilateral wrist braces and the use of appropriate pharmacological agents. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three times a week for four weeks to the left and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical/Occupational Therapy Guidelines; American College of Occupational and Environmental Medicine: Postsurgical treatment guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for myalgia and myositis for up to 10 visits. The request for 12 sessions would be excessive. Additionally, the injured worker was noted to previously undergo physical therapy. There was a lack of documentation of objective functional benefit from prior therapy. There was a lack of documentation of remaining objective functional deficits to support the necessity for additional therapy. The request as submitted is excessive. Given the above and the lack of documentation, the request for Physical therapy, three times a week for four weeks to the left and right hand is not medically necessary.