

Case Number:	CM15-0046157		
Date Assigned:	03/18/2015	Date of Injury:	01/02/2003
Decision Date:	04/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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: Preventive Medicine, Occupational Medicine

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 61 year old female, who sustained an industrial injury on 01/02/2003. She has reported subsequent right shoulder, knee, elbow, and wrist pain and was diagnosed with fibromyalgia, bilateral wrist Dequervain's tenosynovitis, status post right shoulder and elbow arthroscopic surgery and status post bilateral carpal tunnel release. Treatment to date has included oral pain medication, anti-anxiety medication, surgery and psychiatric care. In a progress note dated 02/17/2015, the injured worker complained of intermittent moderate bilateral elbow, wrist and low back pain. Objective findings of the wrists were notable for tenderness to palpation of the bilateral wrists and positive Finkelstein's test of the bilateral wrists. The physician noted that a request for authorization of physical therapy of the bilateral wrists was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral wrists - 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. This injured worker has been injured for over 12 years. Her current complaints include her wrists, which are body parts that have been injured chronically. There is no report of the number of physical therapy sessions previously provided, or a report on the status of a home exercise program, or a rationale describing injuries that are acute exacerbations or distinct from previous injuries that may necessitate the use of physical therapy. The medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for physical therapy for bilateral wrists 8 visits is determined to be not medically necessary.