

Case Number:	CM14-0124382		
Date Assigned:	09/16/2014	Date of Injury:	06/04/2013
Decision Date:	11/06/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old male with a 6/4/13 date of injury. At the time (6/30/14) of request for authorization for physical therapy for bilateral hands 2 x per week for 6 weeks, there is documentation of subjective (right wrist pain associated with numbness and tingling of the right hand) and objective (negative Tinel's sign, intact sensation, and non-tender right wrist/hand) findings, current diagnoses (pain in joint (forearm-left wrist)), and treatment to date (medications, cortisone injection, and previous physical therapy). The number of previous physical therapy sessions cannot be determined. There is no documentation of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral hands 2 x per week for 6 weeks (12 total): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Physical therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain, not to exceed 10 visits over 4-8 weeks, with allowance for fading of treatment frequency with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of pain in joint, not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy), and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of pain in joint (forearm- left wrist). In addition, there is documentation of previous physical therapy treatments. Furthermore, given documentation of subjective findings of right wrist pain associated with numbness and tingling of the right hand, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as defined by the MTUS as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for bilateral hands 2 x per week for 6 weeks (12 total) is not medically necessary.