

Case Number:	CM14-0142737		
Date Assigned:	09/24/2014	Date of Injury:	11/27/2013
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 and 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:

This 52 year-old patient sustained an injury to bilateral knees, wrists, right arm and neck on 11/27/13 from a fall while employed by [REDACTED]. The patient continues to treat with family practice provider for diagnoses of arm strain/sprain, currently working full duties. Conservative care has included medications, physical therapy, splint/bracing, and modified activities/reset. Previous peer review had denied request for additional PT on 7/1/14 based on guidelines criteria and lack of functional deficits. Report of 8/11/14 from the provider noted the patient with ongoing chronic hand and wrist symptoms of numbness without pain. Exam showed numbness on ulnar wrist side affecting the 1st-3rd digits. Diagnosis was again arm sprain/strain with request for additional PT. Request(s) under consideration include additional physical therapy 2 times a week for 4 weeks for the right upper extremity. The request(s) for was non-certified on 8/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times weekly for 4 weeks, right upper extremity: Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM (range of motion), strength, and functional capacity. Review of submitted physician reports show no evidence of functional deficits or ADL (activities of daily living) limitations, but with unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received therapy sessions without demonstrated evidence of further indication to allow for additional therapy treatments for numbness complaints. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the clear and specific indication to support further physical therapy. The Additional physical therapy 2 times weekly for 4 weeks, right upper extremity is not medically necessary and appropriate.