

Case Number:	CM14-0183944		
Date Assigned:	11/10/2014	Date of Injury:	02/29/1996
Decision Date:	12/17/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Medicine and is licensed to practice in Utah. 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:

The patient is a 55 year-old female. The patient's date of injury is Feb 29, 1996. The mechanism of injury is not stated. The patient has been diagnosed with carpal tunnel syndrome, osteoarthritis of the hand, disorders of the bursa and tendons of the shoulder, lateral epicondylitis of the elbow, and elbow/forearm strain and sprains. The patient's treatments have included surgical interventions, injections, imaging studies, and medications. The physical exam findings dated 11/11/2014 states a detailed examination of the upper extremities was performed. She had a positive impingement on the right, with tenderness over the AC joint and over the greater tuberosity. She is very tender over both thumb and CMC joints with a positive CMC grind test and crepitus. The patient's medications have included, but are not limited to, Prilosec and Ibuprofen. The request is for 12 Physical Therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Twelve Physical Therapy visits. There is lack of documentation that states the patient has recent changes or significant functional deficits to support the need of physical therapy at this time. There is no documentation that supports an indication or recent surgery to do physical therapy sessions at this time. According to the clinical documentation provided and current MTUS guidelines; the requested Twelve Physical Therapy visits, are not medical necessity.