

Case Number:	CM15-0101722		
Date Assigned:	06/04/2015	Date of Injury:	07/01/1995
Decision Date:	08/12/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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 71 year old female, who sustained an industrial injury on July 1, 1995, incurring neck and upper extremity injuries. She was diagnosed with cervical spinal stenosis, cervical degenerative disc disease, low back pain, fibromyalgia and carpal tunnel syndrome. Treatment included epidural steroid injection, chiropractic sessions, physical therapy, pain medications, anti-inflammatory drugs, sleep aides, topical analgesic cream, H wave stimulator unit, massage therapy, antidepressants, neuropathic medications, and muscle relaxants. Currently, the injured worker complained of persistent right hand weakness, pain, numbness and tingling, and increased pain in the left hand. She underwent right wrist and elbow surgery in March, 2014. The treatment plan that was requested for authorization included additional physical therapy to the right hand. She has completed at least 28 sessions of post operative therapy and has reported to the AME evaluator that surgery was of no benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to right hand 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 133.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: MTUS Guidelines recommend up to 20 post operative sessions over 6 months as adequate for this individual's surgery. A total of 28 post operative sessions have been completed and the surgery was 18 months ago. She has reported that the surgery was not beneficial from a subjective standpoint and there is no documented reason why independent rehabilitation could not be followed through after the extensive therapy that has been provided. The additional physical therapy to the right hand 12 sessions, significantly exceeds Guidelines and there is no exceptional basis for this. The physical therapy request for an additional 12 sessions is not medically necessary.