

Case Number:	CM15-0016883		
Date Assigned:	02/05/2015	Date of Injury:	11/04/2013
Decision Date:	03/24/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on November 4, 2013. She has reported bilateral wrist pain, numbness and right neck pain. The diagnoses have included cervical sprain and bilateral carpal tunnel syndrome. Treatment to date has included bilateral carpal tunnel release surgeries, radiographic imaging, diagnostic studies, pain medications, conservative therapies and work restrictions. Currently, the IW complains of neck tenderness with palpation to the occipital region. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She reported pain after continuous trauma to the neck and wrists after excessive keyboarding, phone use and driving. She has been treated conservatively with physical therapy and pain medications. On January 14, 2015, evaluation revealed continued weakness but was noted to be improved since pre-op. She noted recent physical therapy visits and a home exercise plan. On January 23, 2015, Utilization Review non-certified a request for a physical medicine procedure, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of requested physical medicine procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure: 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): 99.

Decision rationale: With regard to the request for a "physical medicine procedure," a thorough review of the documentation indicates that this is a request for outpatient physiotherapy. In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT in the past for 12 sessions and OT for 6 sessions previous. There is no clear documentation of objective, functional benefit gained by the worker from past PT. Given this, additional physical therapy is not medically necessary.