

Case Number:	CM15-0116627		
Date Assigned:	06/24/2015	Date of Injury:	09/25/2013
Decision Date:	07/28/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 50 year old female, who sustained an industrial/work injury on 9/25/13. She reported initial complaints of bilateral shoulder and right hand pain. The injured worker was diagnosed as having carpal tunnel syndrome of the right wrist, right shoulder sprain/strain, insomnia, anxiety, and depression. Treatment to date has included medication, physical therapy, and diagnostic testing. Currently, the injured worker complains of bilateral shoulder and right wrist dull and aching pain and 6-7/10 with medication and 10/10 without medication. There is associated anxiety and depression. Per the primary physician's progress report (PR-2) on 5/19/15, examination noted tenderness to palpation of the anterior left/right shoulder, lateral shoulder, and posterior shoulder. There is tenderness of the palmar aspect of the right hand. Current plan of care included medication and therapy. The requested treatments include physical therapy for right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for right hand, three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical record report pain in the hand but does not document specific functional goals for 12 additional physical therapy visits. MTUS supports PT for identified goals up to 8 visits for hand sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for additional 12 visits of PT.