

Case Number:	CM15-0125156		
Date Assigned:	07/09/2015	Date of Injury:	12/11/2001
Decision Date:	08/05/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old female, who sustained an industrial injury on 12/11/01. Initial complaints were of cumulative trauma. The injured worker was diagnosed as having chronic pain syndrome; neuropathy of the upper extremities; pain in the joints unspecified site; muscle spasm; depression; anxiety. Treatment to date has included status post left carpal tunnel release (2013); status post left volar ganglion cyst excision (9/9/14); physical therapy; medications. Currently, the PR-2 notes dated 6/15/15 indicated the injured worker complains of chronic wrist pain that started from date of injury in 2001 from repetitive typing and desk work with no specific inciting event. She presents on this date with pain rated at 4/10 located in the left and right wrists. The pain is constant and described by the injured worker as deep-pressure, spasms, shooting, sharp, aching, burning, throbbing and stabbing quality. The pain is exacerbated with typing and is relieved with medications and sleeping. The injured worker reported it is not associated with sensations of tingling, numbness and weakness in the limb, recent high fever or bladder or bowel dysfunction. She currently is taking Mobic 15mg, Gabapentin 1-2 (100mg). She has had carpal tunnel syndrome injections and CMC with moderate relief. She has also tried physical therapy with moderate results. She reports the pain is overall worsening, limiting her activities of daily function and decreasing her quality of life. She is a status post left wrist carpal tunnel release and then an excision of a left wrist ganglion cyst; status post tendon stabilization of the right wrist. The provider is requesting authorization of physical therapy for unspecified frequency and duration for unspecified body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for unspecified frequency and duration, and for unspecified body parts:
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 Functional Restoration Approach to Chronic Pain Management and Physical Medicine Page(s): 8 and 98-99.

Decision rationale: Physical Therapy for unspecified frequency and duration and for unspecified body parts is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. The MTUS further recommends up to 10 treatments of PT/OT for myalgia and myositis and for neuralgia, neuritis, and radiculitis and up to 24 visits for complex regional pain syndrome. The request as written cannot be medically necessary without a specified body part, frequency and duration of therapy.