

Case Number:	CM15-0036081		
Date Assigned:	03/04/2015	Date of Injury:	02/24/2014
Decision Date:	05/26/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 30 year old female, who sustained an industrial injury on 02/24/2014. The initial complaints or symptoms included bilateral hand, wrist, arm and shoulder pain as well as neck pain due to repetitive task. The injured worker was diagnosed as having sprain of the wrist and carpal tunnel syndrome. Treatment to date has included conservative care, medications, x-rays, electrodiagnostic testing, multiple sessions of physical therapy, acupuncture, and cortisone injections. Currently, the injured worker complains of increase symptoms in the hands with repetitive use for gripping, grasping, torqueing, and squeezing. The injured worker reported that the physical therapy has helped to moderate some of her complaints and expressed interest in continuing treatment. The diagnoses include bilateral de Quervain's syndrome, and bilateral ulnar neuritis. The treatment plan consisted of 8 additional physical therapy sessions for the bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

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

Decision rationale: According to the 02/09/2015 report, this patient presents with slightly improved bilateral upper extremities pain that is a 5/10 on the pain scale. The current request is for 8 additional physical therapy session. The request for authorization is on 01/05/2015. The patient's work status is return to work with restriction. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the provided reports show that the patient has had 12 physical therapy sessions from 07/01/2014 to 08/12/2014 with "continued improvement." There is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given that the patient has had 12 sessions recently, the requested 8 additional sessions exceed what is allowed per MTUS. The current request IS NOT medically necessary.