

Case Number:	CM15-0071052		
Date Assigned:	04/21/2015	Date of Injury:	02/28/2002
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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 66 year old female, who sustained an industrial injury on February 28, 2002. She reported falling and landing on her head, neck, right shoulder, right wrist, and ankle. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, lumbago, lumbar radiculopathy, failed back surgery syndrome, lumbar disc protrusion, tempomandibular joint disorders, and carpal tunnel syndrome. Diagnostics to date has included MRI, electrodiagnostic studies, and urine drug screening. Treatment to date has included home exercise program, yoga, pain medication, and non-steroidal anti-inflammatory medication. On February 23, 2015, the injured worker complains of continued aching neck and low back pain. Associated symptoms include headaches and right arm numbness. Her pain is rated 6/10. Medications are helpful. She does yoga frequently during the week. The physical exam revealed positive straight leg raising, decreased sensation in the right foot and ankle, weakness of the right upper extremity and bilateral lower extremities, and tenderness of the cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanteric bursa, and knees. The treatment plan includes physical therapy for myofascial release weekly. The requested treatment is 12 sessions of physical therapy for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral wrists, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the bilateral wrists, 12 visits is not medically necessary and appropriate.