

Case Number:	CM15-0077094		
Date Assigned:	05/15/2015	Date of Injury:	09/28/2012
Decision Date:	06/12/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/22/2015

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 33-year-old female, who sustained an industrial injury on September 28, 2012. The injured worker was diagnosed as having myofascial restrictions of shoulder and reflex sympathetic dystrophy of right arm. Treatment and diagnostic studies to date have included home exercise and medication. A progress note dated March 18, 2015 provides the injured worker complains of hand pain. She is not progressing with home exercise and the plan is for physical therapy to assist in increased function and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hand, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physical therapy for the right hand, 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends a transition

from a supervised exercise program to an independent home exercise program. The MTUS recommends up to 24 visits for reflex sympathetic dystrophy (CRPS) or up to 10 visits for neuritis and myalgia. The documentation indicates that the patient as having a work injury in 2012. It is unclear how much therapy she has had and why her home exercise program would not suffice. There is no documentation of efficacy of prior therapy or how many prior right hand PT sessions she has had. Without this information the request for physical therapy for the right hand, 12 sessions is not medically necessary.