

Case Number:	CM13-0014684		
Date Assigned:	12/11/2013	Date of Injury:	04/15/2013
Decision Date:	08/01/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 52-year-old, with a date of injury of April 16, 2013. Subsequent to a lift and strain injury the patient developed persistent right wrist pain. He has a remote history of a wrist fracture which was treated and documented to be without residuals. He has a diagnosis of persistent lateral epicondylitis. He is on chronic pain medications for other diagnosis. The current treating physicians initial evaluation requested MRI studies of the wrist and elbow. The PT request dated July 13, 2013 is for twice a week for three weeks to total six sessions. A request for twelve visits was not found in the records reviewed. U.R. reviewed this as a request for twice a week for six weeks and recommended a modification with approval of eight sessions.

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 wrist, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and Wrist, Physical Therapy.

Decision rationale: The treatment for the wrist appears related to the recent wrist strain and not the prior fracture. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines do not address the specifics of a reasonable amount of physical therapy, but they do support physical therapy treatments. The ODG does address this issue and recommended up to nine sessions as reasonable physical therapy treatment. If the physical therapy request was for twelve sessions the modification to a lesser amount is consistent with guidelines and the twelve sessions were not medically necessary. The request for physical therapy for the right wrist, twice weekly for six weeks is not medically necessary or appropriate.