

Case Number:	CM13-0016840		
Date Assigned:	11/06/2013	Date of Injury:	12/09/2011
Decision Date:	02/04/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 physician 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:

The patient is a 22-year-old male who reported a work-related injury on 12/09/2011 as a result of a left wrist laceration. Subsequently, the patient underwent surgical repair of the left media nerve and flexor tendons. The patient has utilized 104 sessions of physical therapy. Currently, the patient presents for treatment of the following diagnoses: left carpal tunnel syndrome, open wound to wrist with tendon trauma, and arthropathy forearm. The most recent clinical note submitted for review is dated 07/26/2013, reporting an orthopedic comprehensive follow-up evaluation of the patient under the care of [REDACTED]. The provider documents the patient, upon physical exam of the left wrist, reports tenderness over the triangular fibrocartilage scapholunate ligament, ulnar styloid, radial styloid and thenar eminence. There was numbness and tingling of the left wrist, there was 1+ swelling over the left wrist, the Finkelstein's test was positive, as well as Phalen's and Tinel's. The provider documented the patient's motor strength bilaterally was 4/5 to the wrists. The provider documented a review of electromyography study of the upper extremity dated 05/28/2013, which revealed borderline median nerve compression at the left wrist, causing myelin dysfunction of the sensory and motor fibers. The provider recommended the patient utilize physical therapy interventions to the left wrist to increase flexibility, range of motion, and strength to include modalities, therapeutic exercises, and work conditioning 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy times twelve (12) for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Pain, Suffering and the Restoration of Function Chapter, page 114

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with a decreased motor strength to the left wrist; however, also to the right wrist, rated at a 4/5 status post a work-related injury sustained in 12/2011. Previous peer reviews have documented the patient has utilized over 100 sessions of physical therapy for the patient's left wrist injury. The clinical notes failed to document specific range of motion deficits, when the patient last utilized physical therapy interventions, efficacy of treatment, and duration of treatment. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus self-directed home physical medicine. At this point in the patient's treatment, an independent home exercise program for continued increased motor strength and range of motion would be indicated. As such, the request for additional physical therapy x12 for the left wrist is not medically necessary or appropriate.