

Case Number:	CM13-0020574		
Date Assigned:	01/15/2014	Date of Injury:	04/30/2013
Decision Date:	03/19/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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 49-year-old female with date of injury of 04/30/2013. The progress report dated 08/16/2013 by [REDACTED] indicates that the patient's diagnosis includes sprain/strain of the wrist. The patient continues to complain of right wrist pain. The patient had completed 8 sessions of physical therapy as of 07/19/2013 and reported a 75% improvement. On 08/16/2013, she reported that she had a setback recently when she was repeatedly cutting boxes. Exam findings included tenderness over the ulnar aspect, pain with pronation and supination. An additional 8 sessions of physical therapy was recommended. Utilization review letter dated 08/23/2013 issued noncertification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4 Right Wrist: 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: The patient continues with right wrist pain and has successfully completed 8 sessions of physical therapy recently, reporting a 75% improvement. MTUS Guidelines regarding physical medicine page 98-99 allow for fading of treatment frequency, plus active self-directed home physical medicine. Nine to ten visits of physical therapy are recommended over 8 weeks for diagnoses such as myalgia and myositis, unspecified. The request of the additional 8 sessions of physical therapy, along with the previously completed 8 sessions of physical therapy, would appear to exceed the recommended number of visits by MTUS Guidelines. The patient should have been transitioned to a home exercise program. Therefore, recommendation is for denial.