

Case Number:	CM13-0049013		
Date Assigned:	04/07/2014	Date of Injury:	08/29/2012
Decision Date:	05/08/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 56-year-old female who reported an injury on 08/27/2012, after a trip and fall. The injured worker reportedly sustained an injury to her left arm that ultimately resulted in surgical intervention. The postoperative management of the injured worker included extensive physical therapy and medications. A request was made for additional physical therapy and acupuncture with continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP CONSERVATIVE THERAPY THREE (3) TIMES A WEEK FOR TWO (2) WEEKS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The requested postoperative conservative therapy 3 times a week for 2 weeks for the left wrist is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continuation of physical therapy is based on documentation of significant functional benefit. Additionally, California Medical Treatment Utilization Schedule

recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does support that the injured worker has participated in an adequate course of postoperative conservative treatment; however, continues to have pain complaints. California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits of neuritis, radiculitis, and myofascial and myositis. As the injured worker has already participated in postoperative physical therapy, and there is no documentation that the injured worker has been transitioned into a home exercise program, additional physical therapy would not be supported. Also, the request as it is submitted does not specifically identify what type of conservative treatment is being requested. Therefore, the appropriateness of the request as it is submitted cannot be determined. As such, the requested postoperative conservative therapy 3 times a week for 2 weeks for the left wrist is not medically necessary or appropriate.