

Case Number:	CM13-0053760		
Date Assigned:	12/30/2013	Date of Injury:	04/24/2013
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 pain management, 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:

This is a 48 year-old female who was injured on 4/24/2013 when she tripped and fell forward landing on her hands and knees. According to the 10/4/13 report from [REDACTED], she has been diagnosed with chronic left trapezius strain; chronic elbow sprain with residual medial epicondylitis, swelling, r/o ligament tear; healed left distal radius fracture with widening of the scapholunate interval; overuse syndrome of the right upper extremity and left knee strain. [REDACTED] states the patient is near completion of the PT for the left wrist, but continues to exhibit significant pain with limited ROM after being immobilized in a cast for 8-weeks. He would like to continue PT and recommends 2x6. The IMR application shows a dispute with the 10/31/13 UR denial for PT 2x3. The 10/31/13 UR letter is from the [REDACTED] and was based on the 10/4/13 report from [REDACTED], and was for modification of the PT 2x6, to allow PT 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 for Bilateral Wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-9. Decision based on Non-MTUS Citation ODG web version for PT, Preface

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-9.

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with left wrist pain and limited ROM. The patient had an unknown amount of PT subsequent to having it casted for 8 weeks. The request for 12 additional PT sessions was modified by UR on 10/31/13 to allow 6 sessions. The request before me is for another 6-session of PT. MTUS chronic pain guidelines recommends 8-10 sessions of PT for various myalgia and neuralgias. The patient has had at least 6 sessions of PT. The request for an additional 6 sessions of PT when combined with the PT already received will exceed the MTUS recommendations.