MAXIMUS Federal Services

Case Number:	CM13-0057015		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2013
Decision Date:	05/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 11/05/2013. The mechanism of injury reported was reported as while handling equipment. MRI dated 03/20/2013 indicated an impression of a small amount of fluid adjacent to the extension carpi ulnaris tendon without a tear and no ligament or tendon injury seen. Clinical note dated 08/15/2013 noted the injured worker complained of right distal ulnar wrist pain, especially in the upper extremity when weight bearing. The physical therapy notes for that day noted that the injured worker had right hand/wrist weakness and decreased range of motion of the wrist with wrist pain. The primary treating physician's note from 10/17/2013 indicated that injured worker continued to complain of pain to the right wrist with limited range of motion. The objective findings noted crepitus, subluxation of the right distal radio ulnar joint. Diagnosis for the injured worker is a sprained distal radioulnar joint to the right wrist. Medications and surgical history were not provided for Final review in the documents received. The treatment being requested is physical therapy, right wrist, 2 sessions times 12. There were various requests for authorization for medical treatment for the physical therapy ranging in dated from 07/08/2013 to 10/30/2013. From 06/10/2013 through 08/26/2013, the injured worker received a total of 16 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY RIGHT WRIST 2 SESSIONS X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The decision for physical therapy, right wrist, 2 sessions times 12 is non-certified. The Chronic Pain Medical Treatment Guidelines state that physical therapy is recommended and is to be combined with self-directed home physical medicine for the best outcome. The guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis, 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy. The Chronic Pain Medical Treatment Guidelines recommend allowing for the fading of treatment frequency while continuing with self-directed home physical medicine. The documentation provided for review noted the injured worker had a total of 16 visits in 2013 from 06/10/2013 through 08/26/2013. The physical therapy notes dated 08/15/2013 did not include any range of motion limitations, pain levels prior to therapy or after therapy. The primary physician's progress report dated 10/17/2013 did not include any pain levels, conservative care progress, or medications. The request for the physical therapy, right wrist, and 2 sessions' times 12 weeks exceeds the MTUS Chronic Pain Medical Treatment Guidelines for a distal radial joint sprain. Therefore, the request is not medically necessary.