

Case Number:	CM13-0059280		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2012
Decision Date:	04/04/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine and Pulmonary Diseases 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 30-year-old injured worker with a date of injury 02/14/2012 and the mechanism of injury was that the patient was striking a chisel with a sledgehammer when the sledgehammer slipped off the chisel hitting the left hand and wrist. The patient was able to work 3 weeks following the injury; however, the patient then experienced pain in the left wrist and hand. The patient subsequently received a cortisone injection in the left wrist and then experienced numbness in the left ring and small fingers associated with pain radiating to his left arm. The patient has had occupational therapy. MRI of the left wrist on 06/21/2012 revealed small central perforation of the triangular fibrocartilage, and apparent DISI deformity of the wrist with dorsal tilting of the lunate. EMG/NCV on 06/27/2012 of the left upper extremity was abnormal. There was only decreased recruitment in the C8 distribution of FDI, APB, and EIP muscles on the left. There was an MR arthrogram of the left wrist taken 09/14/2013; however, the report is unclear and was difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks for the left hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand; Carpal Tunnel; Physical Therapy Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended." Based on the medical records provided for review, the initial physical therapy evaluation on 06/28/2013 indicated that the patient reported constant pain as stabbing at the wrist joint, numbness, weakness with gripping and punching; popping. Also, the patient reported that the hand and wrist does swell. Objective findings were with active range of motion for the left wrist: flexion was 35 degrees, extension 56 degrees, radial deviation 16 degrees, ulnar deviation 21 degrees, supination 75 degrees. Strength was 3+/5 to 4-/5. Range of motion was limited due to pain; pain was rated at 2-8/10 for the left wrist. The California MTUS Guidelines do recommend physical therapy for treatment of pain; however, the request would exceed the total recommended visits which are 10 and the request is for a total of 18. The request for physical therapy three times a week for six weeks for the left hand/wrist is not medically necessary and appropriate