

Case Number:	CM13-0070107		
Date Assigned:	01/03/2014	Date of Injury:	01/14/2013
Decision Date:	04/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 patient is a 27-year-old female who was injured on January 14, 2013. The patient was injured when she fell while cleaning a shower, hitting her wrist on the faucet. The patient had continued to experience left wrist pain. Physical examination showed tenderness over the dorsal carpal, ulnar carpal, and radial carpal regions with decreased range of motion in the left wrist. Diagnoses included left wrist sprain/strain and chronic pain syndrome. Treatment included medications and physical therapy. In the physician's note written on April 15, 2013, the patient states that physical therapy helped in the moment but pain returned later the same day of therapy. The patient had physical therapy continued until July and August. Request for 6 physical therapy sessions for the left wrist was received on December 6, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR 6 PHYSICAL THERAPY SESSIONS FOR THE LEFT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, the recommended number of visits is 8-10 visits over 4 weeks. In this case the patient had been receiving physical therapy treatments since at least April 2013. There is no documentation of objective evidence of functional improvement. In addition the duration of treatment surpasses the recommended 8 weeks for myalgia and myositis. Medical efficacy had not been established.