

Case Number:	CM13-0071909		
Date Assigned:	01/29/2014	Date of Injury:	07/25/2013
Decision Date:	10/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Rehabilitation & 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 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 55 years old male with an injury date on 07/25/2013. Based on the 12/03/2013 progress report provided by [REDACTED] the diagnosis is: 1. Fracture distal radius OT closed. According to this report, the patient complains of left wrist pain and occasionally uses a wrist brace. Physical exam reveals diffuse tenderness and mild stiffness at the left distal radius. The patient is working with physical therapy and noted "pain and stiffness are improving." The 11/12/2013 report indicates the patient can "resume activities with left upper extremities as tolerated." There is normal alignment of the left wrist and no soft tissue swelling is noted. There were no other significant findings noted on this report. The utilization review denied the request on 12/03/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 07/26/2013 to 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy treatment to the Left Wrist for 8 sessions, 2 times a week for 4 weeks: Upheld

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

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

Decision rationale: According to the 12/03/2013 report by the treating physician this patient presents with left wrist pain. The treating physician is requesting additional 8 sessions of physical therapy treatment to the left wrist "focusing on range of motion and strengthening." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records show that the patient has had 8 physical therapy sessions from 09/25/2013 to 12/04/2013; "pain and stiffness are improving." No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In this case, the patient has had 8 sessions recently, the requested 8 additional sessions exceed what is allowed per MTUS. The request is not medically necessary.