

Case Number:	CM14-0007083		
Date Assigned:	02/07/2014	Date of Injury:	08/08/2013
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine, 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 63-year-old female who has submitted a claim for lumbar muscle strain and right wrist sprain associated with an industrial injury date of 08/08/2013. Medical records from 08/20/2013 to 02/05/2014 were reviewed and showed that patient complained of right wrist pain, graded 5/10, and low back pain, graded 2/10, radiating to the posterior bilateral legs. Pain is aggravated by movement and relieved by rest. Physical examination showed tenderness over the bilateral paraspinal muscles and distal radioulnar joint. Range of motion was limited. Tinel's, Phalen's, and Finklestein tests were negative. Straight leg raise test was not performed due to guarding. DTRs were 2/4 in the bilateral patella. Motor testing showed 4/5 strength in the lower extremities and right wrist. Sensation was intact. Xray of the right wrist, dated 12/26/2013, showed very mild degenerative joint disease at the first carpometacarpal joint. MRI of the right wrist, dated 01/09/2014, showed degenerative changes involving the radial and ulnar styloids, bases of all metacarpal bones, first metacarpal phalangeal joint, capitate and triangular bones, and questionably in the lunate, navicular, and hamate bones. Official results of the imaging studies were not made available. Treatment to date has included physical therapy and home exercise program. Utilization review, dated 01/03/2014, modified the request for eight additional physical therapy sessions to two sessions because the patient has had 14 sessions despite guideline recommendations of 10 visits in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 4 FOR THE RIGHT WRIST AND LUMBAR SPINE:
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.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Guidelines recommend 9-10 visits over 8 weeks. In this case, patient has had 20 physical therapy sessions. Despite adequate physical therapy, she still complains of right wrist and low back pain. The patient has exceeded the number of recommended physical therapy visits, and should be well versed in performing home exercises. Furthermore, medical records submitted for review did not provide a compelling indication for variance from guidelines in this case. Therefore, the request for **PHYSICAL THERAPY 2 TIMES 4 FOR THE RIGHT WRIST AND LUMBAR SPINE** is not medically necessary.