MAXIMUS Federal Services

Case Number:	CM14-0103174		
Date Assigned:	07/30/2014	Date of Injury:	04/01/2013
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 33-year-old female who was reportedly injured on April 1, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 12, 2014, indicated that there were ongoing complaints of pain in the bilateral wrists. The physical examination demonstrated tenderness to palpation, a slight decrease in wrist range of motion, and no other pertinent positive findings. Diagnostic imaging studies objectified no specific acute pathology. Previous treatment included multiple medications and physical therapy. A request had been made for additional physical therapy and was determined to be not medically necessary in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue with physical therapy, 2 X week X6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: When noting the date of injury, the mechanism of injury (repetitive overuse) and that there were no findings of physical examination of any motor loss or sensory loss, there

is no clear clinical indication presented for additional physical therapy. A number of physical therapy sessions have been completed. The most recent progress note noted the electrodiagnostic assessment to be normal. There was no clinical indication presented for the medical necessity of additional physical therapy. Transition to home exercise protocol should be accomplished by this point. Therefore, this request is not medically necessary.