

Case Number:	CM14-0106457		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2014
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 records, presented for review, indicate that this 31-year-old female was reportedly injured on February 21, 2014. The mechanism of injury was stated as continuous trauma. The most recent progress note, dated May 29, 2014, indicated that there were ongoing complaints of neck pain, bilateral shoulder pain, right elbow pain, bilateral hand/wrist pain, upper back pain, lower back pain, stress, anxiety, depression, lethargy and difficulty sleeping. The physical examination demonstrated tenderness and spasms over the cervical paraspinal muscles. There was slightly decreased cervical spine range of motion. Examination of the right shoulder noted normal range of motion and a positive impingement and Hawkin's test. There was tenderness over the right lateral epicondyles and pain at the elbow with resisted wrist extension. Examination of the hand noted tenderness of the right distal radius and a positive right sided Finkelstein's test. There were also a positive Phalen's test and reverse Phalen's test on the right side. The examination of the lumbar spine noted tenderness and spasms over the paravertebral muscles. There was decreased sensation over the L5 nerve distribution of the right leg and left leg. Diagnostic imaging of the wrists and hands was normal. Upper extremity nerve conduction studies were normal. An MRI of the lumbar spine noted some reduced spacing at the L4-L5 and L5-S1 levels. An MRI the cervical spine also noted some reduced spacing at the C6-C7 level. Previous treatment included wrist bracing, physical therapy, acupuncture, and 18 visits of occupational therapy. A request had been made for 12 physical therapy sessions for the right wrist and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Sessions to the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: According to the available medical record, the injured employee has received considerable therapy for the right wrist to include physical therapy, acupuncture, and 18 visits of occupational therapy. There was no documentation regarding the efficacy of these prior treatments. Considering this, without additional justification, this request for 12 physical therapy sessions for the right wrist is not medically necessary.