

Case Number:	CM14-0109011		
Date Assigned:	08/01/2014	Date of Injury:	10/26/2011
Decision Date:	09/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Illinois. 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 41-year-old female who reported an injury on 10/26/2011 due to a motor vehicle accident. On 06/23/2014, the injured worker presented with bilateral wrist pain. Upon examination, there was pain to palpation in the ulnar styloid of the right wrist and mild left sided weakness in the wrist secondary to pain. Range of motion values for the left wrist were 50 degrees of dorsiflexion, 40 degrees of palmar flexion, 70 degrees of supination, and 80 degrees of pronation. The range of motion values for the right wrist were 70 degrees of dorsiflexion, 80 degrees of palmar flexion, 40 degrees of ulnar deviation with pain, and 90 degrees of supination and pronation. The diagnoses were sprain and strain unspecified of the bilateral wrists. Prior therapy included medications. The provider recommended physical therapy; the provider's rationale was not provided. The Request for Authorization form was dated 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 (12 sessions) for bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. Additionally, the guidelines recommend 10 visits of physical therapy over 4 weeks and the amount of physical therapy visits that have already been completed was not provided. The provider's request for 12 sessions exceeds the guideline recommendations. Injured workers are instructed and expected to continue active therapies at home if there is no significant barrier to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.