MAXIMUS Federal Services

Case Number:	CM14-0010625		
Date Assigned:	02/21/2014	Date of Injury:	10/29/2013
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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:

This is a 52-year-old female patient with an October 29, 2013 date of injury. A February 17, 2014 progress report indicates that the patient has worn the right wrist immobilizer and has taken Motrin, but has noted increased swelling and pain. Physical exam demonstrates moderate tenderness over the distal radial ulnar joint and TFCC complex as well as over the dorsum of the index MC and proximal phalanx. There is mild, non-tender swelling of the radius distally and radially on the left. Neurologic exam on the upper extremities unremarkable. X-rays of the right wrist were within normal limits. Treatment to date has included Voltaren gel, wrist immobilizer, physical therapy, and right subacromial injection. The patient has attended a total of six sessions of physical therapy for her right arm, right knee, and lower back, noting some improvement of symptoms. There is documentation of a previous January 9, 2014 adverse determination; previous review not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right elbow/arm, two times per week for three weeks: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, the medical reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the proposed number of visits in addition to the number of visits already completed would exceed guideline recommendations. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. Such residual deficits, as evidenced by the most recent physical exam findings, are mild at best. Therefore, the request for additional physical therapy for the right elbow/arm, two times per week for three weeks, is not medically necessary or appropriate.