

Case Number:	CM14-0012889		
Date Assigned:	02/24/2014	Date of Injury:	12/13/2012
Decision Date:	06/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 injured worker is a 34-year-old female who reported an injury on 12/13/2012 secondary to pushing a cart of baked goods. Her diagnoses include sprain/strain of the wrist, pain in the forearm, and muscle weakness. According to the medical records submitted for review, she has been treated previously with medications, a brace, unspecified injection, at least 5 visits of occupational therapy, and 10 visits of physical therapy for the left wrist. The injured worker was evaluated on 12/12/2013 and reported left wrist pain of unknown severity. On physical examination, she was noted to have the following active range of motion values of the left wrist: 38 degrees of extension, 40 degrees of flexion, 2 degrees of radial deviation, 15 degrees of ulnar deviation, 80 degrees of supination, and 80 degrees of pronation. She was also noted to have 2 pounds of grip strength on the left hand. The injured worker attended 10 sessions of physical therapy thereafter. A physical therapy note dated 01/09/2014 noted that the injured worker had completed 8 visits for the left wrist at that time. It was also noted that the injured worker had "not made gains toward goals." According to the most recent physical therapy note dated 01/31/2014, the injured worker reported that her hand was "about the same." On physical examination, she was noted to have the following active range of motion values of the left wrist: 40 degrees of flexion, 50 degrees of extension, 22 degrees of radial deviation, and 35 degrees of ulnar deviation. She was also noted to have 5 pounds of grip strength in the left hand. It was noted that the injured worker had shown "limited progress toward return to normal use of the wrist." The injured worker was recommended to continue with her home exercise program at that time. A request was submitted for an additional 8 visits of physical therapy for the left wrist/hand. The documentation submitted for review failed to provide a Request for Authorization Form.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT WRIST/HAND QTY: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

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

Decision rationale: The California MTUS Guidelines may recommend physical therapy for restoring flexibility, strength, function, and range of motion. According to the medical records submitted for review, the injured worker was treated previously with at least 5 visits of occupational therapy for the left hand, and also attended 10 sessions of physical therapy for the left wrist and hand. There was a lack of documented evidence to indicate that the injured worker achieved significant functional gains with regard to strength and range of motion values during the most recent course of physical therapy. Therefore, the medical records failed to indicate that the injured worker would benefit from additional physical therapy. Furthermore, the guidelines recommend up to 10 total visits for this pain condition. The injured worker has attended 10 physical therapy sessions for the left wrist and hand. Recent physical therapy notes indicate that the injured worker has shown limited progress toward return to normal use of the wrist. The injured worker stated that her hand "is about the same." There are no exceptional factors documented to establish the necessity of additional physical therapy for this injured worker beyond the guideline recommendations for treatment duration. As such, the request for physical therapy for the left wrist/hand quantity 8 is not medically necessary.