

Case Number:	CM14-0019028		
Date Assigned:	04/23/2014	Date of Injury:	09/28/2013
Decision Date:	07/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 underlying date of injury in this case is 09/28/2013. The primary treating diagnosis is a wrist sprain. Additional diagnoses include osteoarthritis of the radiocarpal joint, a focal tear through the scapholunate interosseous ligament, fibromyalgia, depression, and possible adhesive capsulitis. On 01/07/2014, the patient was seen in followup by her primary treating physician. The physician noted the patient had worn a right wrist splint and was now having more pain in her left wrist as a result of overuse. The physician reviewed an MRI of the right wrist which showed mild to moderate osteoarthritis and mild extensor carpi ulnaris tendinitis and also a focal tear of the membranous portion of the scapholunate ligament. Overall the patient was felt to have significant pain with minimal physical findings. A steroid injection was given, and the patient was begun on physical therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY-FOUR (24) SESSIONS OF PHYSICAL THERAPY TO THE RIGHT WRIST (2 X 12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Sprains & Strains of Wrist & Hand.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends up to 10 visits over 8 weeks for myalgia and myositis; this general guideline would apply to most soft tissue injuries, particularly given nonspecific physical examination findings as in this case. While physical therapy may be of benefit in this case, neither the medical records nor the guidelines support an initial 24 visits as have been requested at this time. This request is not medically necessary.