

Case Number:	CM14-0135089		
Date Assigned:	08/29/2014	Date of Injury:	01/17/2012
Decision Date:	09/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 01/17/2012. The mechanism of injury was not noted within the review. Her diagnoses were noted to be forearm pain, Status Post Open Reduction and Internal Fixation Left Distal Radius and Recent Arthroscopy with Hardware Removal. Prior treatments were noted to be Topical medications. She was noted to have diagnostic image studies. Surgical history includes open reduction and Internal Fixation of the Left Distal Radius and recent Arthroscopy with Hardware Removal. A physician's treating progress report on 05/29/2014 indicates the injured worker with subjective complaints of pain without medication is a 5/10. The physical examination notes reduced active range of motion of the left wrist and reduced strength of the left grip. Recovery is slow from recent operation. The treatment plan was for hand surgeon follow-up. The rationale for the request was not noted within the primary treating physician's progress note dated 05/29/2014. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1xwk x 8 wks. Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Physical Therapy Guidelines.

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

Decision rationale: The request for Physical Therapy 1 time a week for 8 weeks to the Left Wrist is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy. 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. This form of therapy may require supervision from a therapist or medical provider, such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. The guidelines allow up to 10 visits over 8 weeks. It is noted that the injured worker has had prior therapy; however, documentation is not sufficient to define how many visits and in what treatment duration period they occurred. Without further documentation to support prior therapy and efficacy, the current request for Physical Therapy 1 time a week for 8 weeks to the Left Wrist is not medically necessary.