

Case Number:	CM14-0161114		
Date Assigned:	10/06/2014	Date of Injury:	12/17/2012
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Interventional Spine 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 patient is a 36 years old male with an injury date on 12/07/2012. Based on the 08/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Facet osteoarthropathy L4-5 and L5-S12. 2. Left median neuropathy. 3. Rule out chronic lateral ankle sprain, left. 4. Left wrist fracture. 5. Left shoulder pain. 6. Cervical pain with upper extremity symptoms. According to this report, the patient complains of low back pain that is a 9/10 with left lower extremity symptoms; 7/10 ankle pain; 5/10 left wrist pain; 3/10 right shoulder pain; and 5/10 left shoulder pain. Physical exam reveals tenderness at the lumbar/cervical spine and left shoulder. Range of motion of the lumbar spine is limited with spasm at the lumboparaspinal musculature. Positive straight leg raise is noted on the left. MRI of the left wrist on 06/04/2014 shows "a central perforation of the membranous portion of triangular fibrocartilage complex" and "tendinosis of the extensor carpi ulnaris tendon." There were no other significant findings noted on this report. The utilization review denied the request on 09/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports 03/15/2013 and 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the left wrist 3 visits per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: According to the 08/13/2014 report by [REDACTED] this patient presents with low back pain that is a 9/10 with left lower extremity symptoms; 7/10 ankle pain; 5/10 left wrist pain; 3/10 right shoulder pain; and 5/10 left shoulder pain. The treater is requesting 12 sessions of physical therapy for the left wrist. Per treater "no physical therapy left wrist/hand to date." The utilization review denial letter states "The patient is noted with complains of left wrist and hand pain and has attended 14 PT visits to date." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy for the wrist/hand, a short course of therapy may be reasonable for declined function or a flare-up of symptoms but there is no such discussion. The treater does not discuss the patient's treatment history nor the reasons for requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition the requested 12 sessions exceed what is allowed per MTUS. Recommendation is for denial.