

Case Number:	CM14-0170290		
Date Assigned:	10/20/2014	Date of Injury:	09/20/2010
Decision Date:	12/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Texas. 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 67-year-old male who reported an injury on 09/20/2010. The mechanism of injury was due to repetitive work duties. His diagnosis was listed as wrist sprain. His past treatments included medications, injections, surgery, and physical therapy. Diagnostic studies included an x-ray of the left wrist which revealed normal findings. His surgical history included a left elbow and wrist surgery on 04/14/2014. On 07/24/2014, the injured worker reported pain and weakness on a scale of 7/10 to 8/10 even after surgery. The examination of the wrist revealed normal range of motion and motor strength was 4/5 in the left wrist. His medications were noted to include Lexapro, Ambien, tramadol, and morphine. The treatment plan included medications, a home exercise program, one physical therapy session every three months for two years, and occasional injections. A request was received for physical therapy of the left wrist for an unspecified frequency and duration. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the left wrist (unspecified frequency and duration): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for physical therapy of the left wrist (unspecified frequency and duration) is not medically necessary. California MTUS Guidelines recommend up to 10 visits of physical therapy for neuralgia, neuritis, and radiculitis. The clinical notes indicated that the injured worker completed a total of 6 sessions of post-operative physical therapy following surgery of the left elbow and wrist. However, there was no evidence of quantified functional deficits of the wrist before or following physical therapy to show improvement and there was also no indication or documented evidence that the physical therapy was helpful in relieving pain. In addition, the request did not specify frequency or duration of the physical therapy; as such, the request is not supported. Therefore, the request is not medically necessary.