

Case Number:	CM14-0023429		
Date Assigned:	07/02/2014	Date of Injury:	10/07/2013
Decision Date:	10/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/24/2014

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 Nevada. 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 49-year-old female who was reportedly injured on October 7, 2013. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated April 7, 2014, indicates that there are ongoing complaints of right wrist and thumb pain. The physical examination demonstrated some tenderness over the trapezius. There was a negative Finkelstein's test and the carpometacarpal grind test. Phalen's and Tinel's tests were normal. There was normal right wrist range of motion and decreased right hand grip strength. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes occupational therapy. A request was made for physical therapy two times a week for six weeks for the right wrist and was not certified in the pre-authorization process on January 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 2 times weekly for 6 weeks for the right wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Physical Therapy, Updated August 8, 2014.

Decision rationale: A review of the medical record indicates that the injured employee has already participated in occupational therapy for the right wrist. The official disability guidelines recommends nine visits of therapy for sprains and strains of the wrist and hand. The most recent progress note does not indicate reason for any additional therapy or why the injured worker cannot participate in a home exercise program. As such, this request for physical therapy two times a week for six weeks for the right wrist is not medically necessary.