

Case Number:	CM14-0023934		
Date Assigned:	06/11/2014	Date of Injury:	04/30/1998
Decision Date:	07/15/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/25/2014

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 and is licensed to practice in Georgia and 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 54 year old male who reported an injury on 04/30/1998 due to an accidental trauma. On 10/19/2012 he reported aching pain in his left wrist. A physical exam of the left wrist revealed healed surgical lesions, dorsiflexion and palmar flexion to 25 degrees, a radial and ulnar deviation of 10 degrees, and decrease in sensation over the dorsum with diminished grip strength. Diagnoses included left wrist trauma with open reduction internal fixation and loss of function, chronic pain, and occasional chronic anxiety and depression. Medications included Balsalazide, ibuprofen, lorazepam, Zolpidem, cyclobenzaprine, naproxen, tramadol, bupropion and modafinil. The treatment plan was for physical therapy 2 times a week for 6 weeks for the left wrist. The request for authorization was signed on 01/08/2014. The rationale for treatment 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 TWICE A WEEK FOR SIX WEEKS FOR THE LEFT WRIST:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Physical Medical Guidelines recommend myalgia and myositis unspecified 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis unspecified 8-10 visits over 4 weeks. In this case, the requested 12 visits do not follow recommended MTUS guidelines. In addition, there is a lack of recent documentation regarding the injured workers left wrist complaint and reports of any pain relief. Therefore, the request for physical therapy, twice a week for six weeks for the left wrist is not medically necessary and appropriate.