

Case Number:	CM14-0024406		
Date Assigned:	06/11/2014	Date of Injury:	12/05/2013
Decision Date:	07/31/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 58-year-old male with a date of injury of December 5, 2013. The injury involved the lumbar spine, and left wrist and forearm. The injured worker had an X-ray of the left wrist and forearm on December 10, 2013 which demonstrated no acute fracture or foreign bodies. An MRI of the left wrist on January 14, 2014 revealed mild osteonecrosis of the carpal bones as well as hypertrophic changes of the 1st metacarpal bone. The disputed issue is a request for physical therapy for 8 visits. A utilization review determination on February 3, 2014 had noncertified this request. The stated rationale was that it was unclear what the physical therapy was to consist of, as well as what the simultaneous requests for chiropractic therapy was to consist of. The utilization reviewer noted that there have been 13 visits of conservative care, and it was unclear what that care has consisted of. Furthermore, functional improvement was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT ELBOW AND WRIST 8 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, future physical therapy is contingent on demonstration of functional improvement with previous physical therapy. In the case of this injured worker, the claims administrator has documented that the patient has had 13 visits. The patient has had conservative care with Meloxicam, wrist support, as well as modified work. A progress note dated December 23, 2013 had recommended 12 sessions of physical therapy. There is documentation in a progress note on January 21, 2014 that the patient has had 9 physical therapy visits to date. There is no documentation of what functional outcome resulted from these physical therapy visits. As such, the request is not medically necessary.