

Case Number:	CM14-0033671		
Date Assigned:	06/20/2014	Date of Injury:	07/01/2013
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 66 year old with an injury date on 7/1/13. The patient complains of left wrist pain and weakness, lower back pain, with radicular pain down her legs per 2/13/14 report. The patient states her hand is improved, with better movement, but still has weakness in left hand per 2/13/14 report. Her back pain is still severe but acupuncture/physical therapy has been helping her back/hand per 2/13/14 report. Based on the 11/20/13 progress report provided by [REDACTED] the diagnoses are: lumbar s/s with radiculitis, s/p left wrist fracture, and s/p ORIF of left wrist on 6/17/13. An exam on 2/13/14 showed patient can make a full fist with her left hand. Weakness with gripping in the left hand compared to the right. The Patient has pain with range of motion of the left wrist. Tenderness in dorsal aspect of left wrist. The patient has pain with supination/pronation. [REDACTED] is requesting physical therapy for right wrist quantity one time a week for four weeks. The utilization review determination being challenged is dated 2/26/14 and rejects request as MTUS recommends a 6 visit clinical trial with notation of functional improvement. [REDACTED] is the requesting provider, and he provided treatment reports from 9/6/13 to 5/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy For Right Wrist Quantity One Time A Week For Four Weeks:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient presents with left wrist pain, lower/upper back pain, and neck pain and is s/p ORIF of left wrist from 6/17/13. The provider has asked for physical therapy for right wrist quantity one time a week for four weeks on 11/20/13 due to limited range of motion, weakness, and pain in left wrist. Review of the 9/16/13 report shows patient has completed 6 sessions of physical therapy but still has difficulties with gripping, grasping, and any type of strength activities with the left hand. For wrist fracture, MTUS postsurgical treatment allow 16 visits over 10 weeks for 4 months following surgery. In this case, the patient is 8 months from left wrist surgery (4 months at the time of the request), has completed 6 sessions of postoperative therapy but still has functional deficits. An additional 4 sessions of physical therapy for right wrist is reasonable and within MTUS guidelines for this type of condition. Therefore, the request is medically necessary.