

Case Number:	CM14-0033825		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2013
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 26 year old female whose date of injury is 06/28/2013. On this date a tool chest fell on the injured worker. The injured worker is diagnosed with bilateral wrist sprain. Treatment to date includes six physical therapy visits and medication management. Progress note dated 01/23/14 indicates that the injured worker complains of bilateral wrist pain, left greater than right. Therapy was helpful, but the injured worker continues to have dull pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 4Wks Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 Chapter, Physical/ Occupational therapy.

Decision rationale: Based on the clinical information provided, the request for physical therapy 3 x wk x 4 wks bilateral wrists is not recommended as medically necessary. The injured worker has completed 6 visits of physical therapy to date. The Official Disability Guidelines support up to 6 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale

provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, the request is not medically necessary.