

Case Number:	CM14-0039258		
Date Assigned:	06/27/2014	Date of Injury:	01/23/2013
Decision Date:	08/11/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, 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 67 year old female whose date of injury is 01/23/2013. On this date the injured worker was going down the stairs when she fell, injuring the wrist. Treatment to date includes 18 visits of physical therapy for the left wrist. Follow up note dated 05/29/14 indicates that the injured worker complains of pain, swelling and weakness of the wrist. On physical examination strength is 4/5 in the left wrist. Left wrist range of motion is flexion 30, extension 20, radial and ulnar deviation 15 degrees. Diagnoses are sprain of left wrist sprain, villonodular synovitis forearm, arthropathy forearm. The injured worker continues to refuse surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy left wrist 3x4: Upheld

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

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: The injured worker has been authorized for 18 physical therapy visits to date. The Official Disability Guidelines support up to 9 sessions of physical therapy for the

injured worker's diagnoses and there is no clear rationale provided to support exceeding these recommendations. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Based on the clinical information provided, the request for continued physical therapy 3 x 4 left wrist is not recommended as medically necessary.