

Case Number:	CM14-0041898		
Date Assigned:	06/30/2014	Date of Injury:	07/06/2013
Decision Date:	08/12/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for hand, wrist, and knee pain reportedly associated with an industrial contusion injury of July 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for eight sessions of physical therapy on the grounds that the applicant had had somewhere between 24 and 32 sessions of treatment to date. The claims administrator stated, somewhat simplistically, that the applicant had exceeded the guideline and that further treatment should be denied. The applicant's attorney subsequently appealed. A September 3, 2013 progress note is notable for comments that the applicant reported persistent 5/10 hand pain. Wrist range of motion was relatively well preserved, with flexion and extension in 65- to 70-degree range. Norco, ketoprofen, omeprazole, work restrictions, and additional physical therapy were sought. The applicant was given extremely proscriptive limitation of no use of right arm. It did not appear that the applicant was working with said limitation in place. Later handwritten notes of April 25, 2014 and March 14, 2014 were sparse, difficult to follow, not entirely legible, and notable for comments that the applicant should remain off of work, on total temporary disability. On January 30, 2014, the applicant was described as off of work, on total temporary disability. Further physical therapy was sought owing to the applicant's persistent complaints of wrist pain. It was stated that the applicant might need MR arthrography to definitively rule out a triangular fibrocartilage tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 4 weeks on the left wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.MTUS 9792.20f Page(s): 99,8.

Decision rationale: The applicant has already had prior treatment (24 to 36 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treating program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on different forms of medical treatment, including analgesic medications, including opioids such as Norco and consultations with numerous providers in numerous specialities. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in excess of the guideline. Therefore, the request for additional physical therapy is not medically necessary.