

Case Number:	CM14-0043289		
Date Assigned:	07/02/2014	Date of Injury:	02/22/2011
Decision Date:	08/20/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/10/2014

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 claimant was injured on 02/22/11 when she slipped and fell. Physical therapy for the right wrist and forearm is under review. She complains of right wrist and right forearm pain. She has had medications, acupuncture, physical therapy, and is status post a right cubital tunnel release in September 2011. She has had an unknown number of therapy sessions to date. On 03/03/14, she saw [REDACTED] for cervical spine pain and high pain levels in the right shoulder and right wrist. The handwritten notes are nearly illegible. She had impingement of the shoulder and a right wrist sprain. Pain management and physical therapy were ordered. Physical therapy was also ordered in September 2013. Her pain levels are essentially unchanged over the at least the past year. She was diagnosed with right hand and wrist pain. It is not clear how many physical therapy visits she attended or when. The records do not include any physical therapy notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right wrist/forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for additional physical therapy visits for the right wrist/forearm for an unknown frequency and duration at this time. The MTUS state physical medicine treatment can be recommended for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The claimant has attended what should have been a reasonable number of physical therapy visits for her injury and there is no clinical information that warrants the continuation of physical therapy for an extended period of time. There is no evidence that the claimant is unable to complete her rehab with an independent HEP. The specific goals of treatment have not been stated. The medical necessity of this therapy as presented has not been clearly demonstrated.