

Case Number:	CM14-0054533		
Date Assigned:	09/05/2014	Date of Injury:	02/12/2013
Decision Date:	10/24/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehabilitation, 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:

This is a 41-year-old male with a 2/12/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 3/31/14, the patient stated that there has been no significant improvement since the last exam. He has been undergoing hand therapy and recently began strengthening exercises for his left hand and he has been seeing some improvements. Objective findings: grip strength reduced in left wrist, reduced sensation in left hand, Tinel's and Phalen's positive bilaterally, pressure over the distal ulna produces pain. Diagnostic impression: nontraumatic muscle rupture, derangement of joint not otherwise specified of upper arm. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/14/14 modified the request for physical therapy from 12 sessions to 6 sessions. The claimant has undergone fourteen sessions of physical therapy without benefit. Six more visits are medically necessary because he has pain and difficulty with activities including driving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 3 per week x 4 weeks for left wrist with strength training for the left wrist, left hand, left arm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114 Official Disability Guidelines (ODG) Wrist Chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, there is documentation that the patient has had previous physical therapy. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear how many sessions of physical therapy he has completed. Guidelines support up to 9 visits over 8 weeks for wrist sprains and strains. An additional 12 sessions would exceed guideline recommendations. Therefore, the request for Physical therapy x 3 per week x 4 weeks for left wrist with strength training for the left wrist, left hand, left arm was not medically necessary.