

Case Number:	CM14-0056355		
Date Assigned:	07/09/2014	Date of Injury:	02/13/2014
Decision Date:	08/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/26/2014

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 Nevada. 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 records, presented for review, indicate that this 52-year-old female was reportedly injured on 2/13/2014. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 4/1/2014, indicated that there were ongoing complaints of neck, right shoulder, right arm, and right wrist pains. The physical examination demonstrated no spinal tenderness, lots of muscle spasm, and tenderness along the right side of the trapezius and down into the shoulder. There was improved wrist range of motion but still limited at extremes due to discomfort. Sensation was slightly decreased in the thenar area of the right hand. Diagnostic imaging studies included mention cervical spine x-ray, which stated obvious lordosis of the spine. No arthritis noted pending radiological evaluation. Previous treatment included physical therapy, wrist splint, and medications. A was made for physical therapy 3 X 4 of the right wrist and was not certified in the pre-authorization process on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 weeks for right wrist: Upheld

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

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, & Hand(Acute & Chronic)(Not including "Carpal Tunnel Syndrome")physical therapy.

Decision rationale: Physical therapy is recommended for sprains and strains of the wrist and hand with nine visits over eight weeks. After reviewing the medical records provided, there was no additional information, which demonstrated the necessity for additional therapy visits. After nine visits, the injured worker should be able to graduate to a home exercise regimen for continued gains. This request is deemed not medically necessary.