

Case Number:	CM14-0062522		
Date Assigned:	07/11/2014	Date of Injury:	09/19/2000
Decision Date:	08/13/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 Orthopedic Surgery 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 56-year-old female who reported an injury on 09/19/2000 while lifting plates and moving a 40 pound pail of ice. Treatment history included surgical intervention of the right wrist followed by postsurgical physical therapy and medications for pain control. The injured worker was evaluated on 03/24/2014. It was documented that the injured worker had persistent limited range of motion of the right wrist with tenderness to the dorsum of the right wrist. It was also noted that the patient had right wrist weakness. Diagnoses included bilateral wrist sprain/strain, trigger thumb of the right hand, and right wrist ganglion cyst. The injured worker's treatment plan included physical therapy and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical

therapy. The clinical documentation does indicate that the injured worker previously participated in physical therapy for the right wrist. There are no factors to preclude further progress while participating in a home exercise program. Furthermore, the request as it is submitted does not specifically identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for physical therapy twice a week for four weeks is not medically necessary and appropriate.