

Case Number:	CM14-0064049		
Date Assigned:	07/11/2014	Date of Injury:	02/08/2013
Decision Date:	08/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 patient with a date of injury of February 8, 2013. A utilization review determination recommends noncertification for 12 physical therapy sessions of the right wrist. A physical therapy appeal letter dated May 2, 2014 indicates that the patient is diagnosed with complex regional pain syndrome. The remainder of the letter is copy and pasted from guidelines. A progress report dated March 13, 2014 identifies subjective complaints of right hand pain rated as 10/10 with tingling and numbness. Objective examination findings identify allodynia and hyperalgesia. Diagnoses included wrist sprain/strain and forearm sprain/strain. The treatment plan recommends a stellate ganglion block and continuing physical therapy due to improving range of motion.

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- times 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy to the wrist, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. ODG recommends occupational/physical therapy in the management of upper extremity conditions. ODG additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has already undergone. Additionally, there is no documentation of any objective functional improvement or other benefit from the provided physical therapy sessions. Furthermore, no specific objective treatment goals have been identified for the currently requested therapy. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.