

Case Number:	CM14-0064378		
Date Assigned:	07/11/2014	Date of Injury:	03/07/2012
Decision Date:	08/28/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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, a subspecialty in Interventional Spine 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 patient is a 60 year old female with an injury date of 03/07/12. According to the 04/21/14 progress report, the patient presents for follow-up evaluation of left wrist arthroscopy, TFCC (triangular fibrocartilage complex) reconstruction. Examination of the patient's left wrist's active motion showed: dorsiflexion 65 degrees, volar flexion 40 degrees, radial deviation 20 degrees, ulnar deviation 25 degrees with grip strength testing (Jamar Dynamometer) in three successive trials and the second setting for the right hand was 75/75/75 pounds and the left hand was 45/45/45 pound. The diagnosis is status post severe sprain, left wrist with TFCC reconstruction 09/14/12. The utilization review on 05/02/14, for physical therapy of the left hand/wrist, quantity 12, partially certified treatment request to physical therapy of the left hand/wrist, quantity 4. The progress reports were submitted from 09/06/13 to 04/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy left hand/wrist Qty 12: Upheld

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

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

Decision rationale: The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgia's and neuralgias. The patient presents with persistent weakness and pain in her left hand and left wrist. The request for 12 sessions exceeds the maximum number of therapy sessions recommended by MTUS for this type of diagnosis. The 02/24/14 the Agreed Medical-Legal Evaluation (AME) indicated there was limitations in range of motion with diminished grip strength in the left wrist and also recommended specific hand therapy as she did in the beginning. However, the total number of physical therapy sessions completed is unknown. The physical therapy documentation addressing functional improvements made, or the lack of, have not been provided. There has been no documentation as to why this patient can or cannot be reasonably expected to transition to an independent, self-directed home exercise program, given a notation in the AME report from 06/10/13 to 07/22/13 about this patient being advised to continue a structured home physical therapy session to improve left hand power grip and wrist range of motion. Therefore, physical therapy left hand/wrist, quantity 12 is not medically necessary and appropriate.