

Case Number:	CM14-0071956		
Date Assigned:	07/16/2014	Date of Injury:	07/11/2011
Decision Date:	09/30/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 33-year-old female was reportedly injured on July 11, 2011. The mechanism of injury is noted as lifting a patient. The most recent progress note, dated April 16, 2014, indicates that there are ongoing complaints of bilateral wrist and hand pain. Current medications include ibuprofen and Celebrex. The physical examination demonstrated decreased range of motion of both wrists and a negative Tinel's test and Phalen's test. There was tenderness over the radial and ulnar side of each wrist. There was decreased sensation in the median nerve distribution of both hands. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes bilateral wrist surgery in 2012 and a left wrist arthroscopy in April 2013 as well as occupational therapy. A request had been made for physical therapy two times per week for six weeks for the bilateral hands and wrists and was not certified in the pre-authorization process on may seven 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks Bilateral hands and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Forearm Wrist and Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommends 12 visits of physical therapy after a wrist arthroscopy. A review of the attached medical records indicates that the injured employee has had over 30 visits of occupational therapy for each of her wrists and has almost certainly transitioned to a home exercise program. Considering this, it is unclear how the injured employee could benefit from additional therapy. As such, this request for physical therapy two times a week for six weeks for the bilateral hands and wrists is not medically necessary.