

Case Number:	CM14-0073874		
Date Assigned:	07/16/2014	Date of Injury:	06/23/2012
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain Medicine 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's original date of injury was June 23, 2012. The injured worker has chronic right wrist pain and underwent surgery. The patient underwent right wrist proximal row carpectomy on November 6, 2013. The disputed issue is a request for physical therapy 2 times a week for 4 weeks for the lower arm and wrist. According to the claims administrator, the patient had attended 23 out of 24 authorize physical therapy visits. Other conservative therapies have included the use of a wrist splint. The utilization reviewer had contacted the requesting provider in a peer-to-peer teleconference. The reviewer had modified the request to certify physical therapy once per week for 3 weeks with the goal that the patient be transition to an independent home exercise program.

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 4 weeks, to the lower arm/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 18-21.

Decision rationale: The MTUS Post-surgical Treatment Guidelines specify the following regarding post-op physical therapy: Proximal row carpectomy: "Postsurgical treatment: 20 visits over 6 months, Post-surgical physical medicine treatment period: 8 months. The issue in this case is that the patient has already had 24 visits authorized, which exceeds the guidelines. At this juncture, the patient should be trial on a home exercise program. The UR determination had suggested 2 additional visits to teach a home exercise program, and this is appropriate. The original request for additional physical therapy is not medically necessary.