

Case Number:	CM14-0088435		
Date Assigned:	07/23/2014	Date of Injury:	02/15/2013
Decision Date:	09/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 39-year-old female was reportedly injured on February 15, 2013. The mechanism of injury occurred while restraining a psychotic client in emergency room resulting in twisted and backward hyperextended right wrist. The most recent progress note, dated July 1, 2014, indicated that there were ongoing complaints of right shoulder, right elbow and right wrist pains. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. A full range of motion of the shoulder was reported and there is some tenderness over the acromioclavicular joint. A full range of motion of the right elbow was also reported; however, a slight decrease in strength (4/5) was identified. There was some tenderness of the medial epicondyles. A slight decreased wrist range of motion was noted. Strength was described as 4/5, and sensation was intact. Diagnostic imaging studies were not reviewed. Previous treatment included lateral epicondylar debridement with ulnar nerve decompression, physical therapy, multiple medications, and pain management interventions. A request had been made for additional physical therapy and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Right Elbow & Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the injury sustained, the surgical treatment completed and the date of surgery, as well as the postoperative physical therapy and by the current physical examination, there is no clinical indication presented for any additional physical therapy. Additional gains can easily be made through home exercise protocol. As outlined in the MTUS, 12 visits of physical therapy over 12 weeks are all that would be supported. Therefore, based on the clinical information presented for review, this request is not medically necessary.

Urinanalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: As noted in the MTUS, urinalysis and drug screening would be indicated for issue relative to abuse, addiction, and poor pain control. Based on the physical examination reported, pain control is not an issue. Furthermore, there is no evidence or suggestion of intoxication, drug diversion or illicit drug use. As such, based on the progress notes presented for review, this request is not medically necessary.