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| Case Number: | CM14-0098884 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 06/22/2011 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Internal 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:

Patient is an injured worker with left wrist sprain and strain. Date of injury was 06-22-2011. Regarding the mechanism of injury, a box fell and struck her left wrist. Progress report dated 5/28/14 documented subjective complaints of left wrist pain. The patient was previously approved for 8 physical therapy visits. Physical examination documented left wrist tenderness with limited painful range of motion, positive Tinel and Phalen tests. Diagnoses were left wrist ganglion cyst which had resolved, De Quervain, left wrist forearm pain, left elbow cubital tunnel, and left wrist carpal tunnel syndrome; treatment plan included 4 additional physical therapy. Agreed medical examination report dated March 19, 2014 documented previous physical therapy treatments. On May 2, 2012, the patient was prescribed physical therapy on a two times a week basis for six weeks. On August 2, 2012, she started acupuncture treatment. On May 7, 2013, the patient was advised to undergo physical rehabilitation on a two times a week basis for six weeks. On June 22, 2013, 18 physical therapy sessions were requested. On July 17, 2013, the patient was prescribed physical therapy on a two times a week basis for six weeks. As of March 19, 2014, the patient was receiving physical therapy on a one times a week basis. Utilization review determination date was 06-06-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #4 sessions: 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 Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)Physical/ Occupational therapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide Physical Therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. Official Disability Guidelines (ODG) provides physical therapy (PT) guidelines. For synovitis and tenosynovitis and sprains and strains, 9 visits over 8 weeks are recommended. Medical records document a diagnosis of left wrist sprain and strain with a date of injury of 06-22-2011. Medical records indicate that the patient has had a number of physical therapy visits that already exceed MTUS and ODG guideline recommendations. No exceptional factors were noted that would support the medical necessity of additional physical therapy sessions. The request for additional Physical Therapy (PT) sessions would exceed clinical guideline recommendations and are not supported. Therefore, the request for Physical Therapy #4 sessions is not medically necessary.