

Case Number:	CM13-0054127		
Date Assigned:	09/30/2014	Date of Injury:	05/01/2013
Decision Date:	04/21/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 is a 52 year old female, who sustained an industrial injury on 5/01/2013, while employed as a caregiver. She reported right wrist/hand pain, after her hand was caught in a seatbelt and slammed in a car door. The injured worker was diagnosed as having thumb pain, wrist contusion, and forearm contusion. Treatment to date has included conservative measures, including diagnostics, medication, splinting, physical therapy, and home exercise program. Per the orthopedic progress report, dated 5/31/2013, X-ray of the right hand (5/10/2013) was documented as showing no acute fracture. X-rays of the right wrist (5/10/2013 and 5/31/2013) were noted to show no acute fracture and a small cyst like lucency at the radial styloid. On 9/11/2013, the injured worker was evaluated regarding her right hand/wrist injury and reported feeling better and rated pain 3/10. She was currently working light duty with temporary restrictions. Medication use was not described. Her right wrist showed normal range of motion, no tenderness, no swelling, no effusion, and no crepitus. Jamar was 40 pounds on the right and 45 pounds on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times per week for 5 weeks, in treatment of the right wrist/hand:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Physical Therapy 3 times per week for 5 weeks, in treatment of the right wrist/hand is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has exceeded this recommendation already. The documentation does not reveal extenuating circumstances that would require another 15 supervised physical therapy sessions. It is unclear why the patient cannot perform a self directed home exercise program. The request for continued right wrist/hand physical therapy is not medically necessary.