

Case Number:	CM13-0067377		
Date Assigned:	01/03/2014	Date of Injury:	08/21/2012
Decision Date:	03/06/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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: New Jersey

Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on August 21, 2012. She has reported pain over her bilateral wrists and hands and has been diagnosed with right wrist strain, right wrist triangular fibrocartilage complex, right wrist degeneration /maceration and cyst in the distal ulna at the level of the distal radial ulnar joint, and right thumb CMC joint arthritis right wrist. Treatment to date has included physical therapy, occupational therapy, spica spint, and medications. Currently the injured worker complains of ongoing pain over her bilateral wrist and hands. The treatment plan included a request for addition physical therapy to the right wrist. On December 9, 2013 Utilization review non certified additional physical therapy 2 x week x 4 weeks right wrist noting the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2xs per week x 4 week's right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Physical therapy in the form of passive therapy for the wrist is recommended by the MTUS Guidelines as an option for chronic wrist pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for wrist pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, although previous sessions of physical therapy focusing on the right wrist (at least 8 completed) were reported to be somewhat helpful in increasing range of motion and decreasing pain, there was no indication that the worker was not able to perform home exercises to continue this physical therapy on her right wrist as she had nearly completed the recommended number of sessions. If previous to the last 8 sessions were included, there would have been as much as 16 sessions of wrist therapy. The worker, at this point should be well prepared for home exercises, and therefore, the additional physical therapy sessions will be considered medically unnecessary.