

Case Number:	CM14-0108578		
Date Assigned:	08/01/2014	Date of Injury:	10/04/1999
Decision Date:	11/03/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/12/2014

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. 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: Massachusetts

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 73 year old male who reported an industrial injury on 10-4-1999. His diagnoses, and or impressions, were noted to include only lumbosacral conditions. No imaging studies were noted. His treatments were noted to include a home exercise program, medication management. The progress notes of 6-20-2014 reported: a return for refills on his medications which help him control his pain; worsened pain rated 6 out of 10 (no body part stated, but low back-sciatica identified on the picture); and increased physical activities of daily living. The objective findings were noted to include: a review of outside x-rays of the right wrist with noted osteopenia and sclerosis associated with arthritis, noted dorsum hand tendon repair surgery; restricted range-of-motion; and finger flexion 6 inches from the floor. The physician's requests for treatment were noted to include physical therapy to the right wrist due to exacerbation of pain, 2 x 3, and then reassess in 4 weeks to assess for functional improvement in reference to pain in his right wrist. The progress notes of 4-3-14 & 5-7-2014 were hand written but did not note any hand complaints. The progress notes of 3-17-2014 reported worsened pain rated 7 out of 10, reporting increased spasms in the lower back region. The Request for Authorization, dated 6-24-2014, was noted for physical therapy right wrist, 2 x 3. The Utilization Review of 6-27-2015 non-certified the request for 6 physical therapy visits, for the right wrist, 2 visits a week for 3 weeks as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions for the right wrist, 2 visits a week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in October 1999 and underwent extensor tendon repair surgery. When seen, his condition had worsened. Pain was rated at 6/10. Physical examination findings included restricted wrist range of motion. X-rays were reviewed showing findings of wrist arthritis. Celebrex was prescribed. Authorization for six sessions of therapy with reassessment for functional improvement was requested. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. For arthritis of the wrist, 9 therapy treatment sessions over 8 weeks can be recommended. In this case, the number of visits requested is consistent with both of these recommendations as well as what might be anticipated in terms of revising his home exercise program. The request was medically necessary.