

Case Number:	CM14-0158227		
Date Assigned:	10/01/2014	Date of Injury:	09/22/2011
Decision Date:	01/14/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Rehabilitation 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:

The injured worker has a date of injury 9/22/11. Treatment is being provided for closed carpal fractures and ulnar neuropathy. Complaints include right hand and wrist pain. Exam is significant for healed incision of the right wrist with restricted flexion and extension and pain on palpation of the carpal joint lines. Treatment has included Soma, Ketoprofen, Norco, Capsaicin and a home exercise program. Follow-up with hand surgeon is planned. Request is being made for hand therapy for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the right hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical / Occupational Therapy Guidelines

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

Decision rationale: The injured worker is experiencing persistent wrist pain, tenderness and reduced range of motion following a wrist fracture. He has also been diagnosed with a wrist cyst. There is notation of ulnar nerve injury. Follow-up was planned with the hand surgeon, but there

are no records indicating the surgeon's recommendations. MTUS guidelines indicate that for the diagnosis of neuritis, 8-10 visits of physical therapy over 4 weeks is recommended. Request for 12 sessions of hand therapy exceeds MTUS guidelines; also, it is unclear if surgical intervention may alter the physical therapy treatment plan. Therefore, the request for physical therapy 3 x 4 for the right hand and wrist is not medically necessary.