

Case Number:	CM14-0186157		
Date Assigned:	11/14/2014	Date of Injury:	05/24/2014
Decision Date:	01/02/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42-year-old female with date of injury of 05/24/2014. The treating physician's listed diagnoses from 08/13/2014 include laceration of the left forearm and left median nerve neuropraxia. According to this report, the patient has continued with physical therapy with some improvement and light duty work activities. Examination of the left forearm shows a well-healed tender hypertrophic scar on the volar aspect of the distal forearm without signs of infection. There is a positive Tinel's sign in the area of the laceration and distribution of the median nerve. No soft tissue swelling or sign of infection was noted. The left wrist shows no tenderness to palpation. There is satisfactory range of motion without discomfort. Patchy impaired sensation and dysesthesias in the median nerve distribution without motor weakness. The treating physician references an x-ray of the left wrist and forearm, date of which is unknown that showed normal limits. The documents include physical therapy reports from 07/21/2014 to 10/22/2014 and progress reports from 07/23/2014 to 09/03/2014. The utilization review denied the request on 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left forearm and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: This patient presents with left forearm, left wrist, and left hand pain. The treating physician is requesting 12 physical therapy visits for the left forearm and left wrist. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 07/23/2014 progress report shows that the patient has started physical therapy with some improvement; however, she has not returned to work because light duty is not available. There is a positive Tinel's sign in the area of the laceration and distribution of the median nerve. No soft tissue swelling or signs of infection. There is satisfactory range of motion in the left wrist and hand without discomfort. The physical therapy note from 08/15/2014 shows the patient having difficulty with activities but continues to improve MFR. The 09/10/2014 physical therapy note shows improved symptoms with physical therapy. The 09/03/2014 progress report shows that the patient continues with physical therapy, self-treatment, and work activities, but this remains symptomatic. Examination is the same as the 08/13/2014 report. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. The patient has received 22 physical therapy visits to date, and the requested 12 would exceed MTUS Guidelines. Therefore, this request is not medically necessary.