

Case Number:	CM14-0190151		
Date Assigned:	11/21/2014	Date of Injury:	10/21/2013
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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 and is licensed to practice in North Carolina. 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 is a 34-year-old female with a reported date of injury on 10/21/2013. The mechanism of injury reportedly occurred when the patient was placing a briefcase into a vehicle and she felt a pop in the left elbow. Her diagnoses included left wrist pain. Past treatment included physical therapy and medications. The submitted documentation indicated the injured worker had received at least 16 physical therapy sessions from 01/2014 through 07/2014. The clinical note dated 09/22/2014 noted the injured worker reported persistent pain, especially after high volume work days. The injured worker wanted to resume physical therapy as it really seemed to help. Upon physical examination, there was tenderness to palpation over the radial styloid and a positive Finklestein's maneuver. The injured worker presented on 10/14/2014 for a followup visit and stated she felt the pain was about the same as it had been before and the symptoms were manageable. The physical examination of the left hand and thumb noted tenderness to palpation over the rear radial styloid and a positive Finkelstein's maneuver. Her current medications included Cymbalta and Ambien. The treatment plan was to continue the full work duty status, follow-up 1 month later, and continue with additional physical therapy. The request was for additional physical therapy 2 times 3 for the left hand, and the rationale was for persistent pain and the injured worker requested to resume the physical therapy sessions. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x3 for the Left Hand: Upheld

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

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

Decision rationale: The injured worker presented on 10/14/2014 with left thumb pain and tenderness to palpation over the rear radial styloid. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 sessions of physical therapy. There is a lack of documentation indicating whether the injured worker had significant objective functional improvement with the prior sessions of physical therapy to warrant continuation. There is a lack of documentation demonstrating the injured worker's current remaining functional deficits. There is a lack of documentation indicating any specific barriers to the injured worker transitioning to an independent home exercise program. The injured worker has completed at least 16 sessions of physical therapy; therefore, the request for 6 additional sessions of physical therapy would exceed the guideline recommendations. There were no exceptional factors noted which would indicate the injured worker's need for physical therapy beyond the guideline recommendations. The request for Additional Physical Therapy 2x3 for the Left Hand are not medically necessary.