

Case Number:	CM14-0205289		
Date Assigned:	12/17/2014	Date of Injury:	09/24/2014
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine and is licensed to practice in New York. 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 20 year old woman with a date of injury of 9/24/14. She had hand, neck, back, knee and head pain. She had been receiving PT for her wrist and hand since 10/1/14. As of 10/30/14, she was said to be overall better and better with lifting and pulling. She had improved as expected and her strength was within functional limits and range of motion within normal limits. On 11/3/14, she was noted to have increased pain and had normal strength but limited range of motion. The plan was to continue PT 3x/week for two more weeks. She was concurrently being seen for chiropractic therapy. She was seen by her provider on 11/11/14 with headache and neck pain. Her musculoskeletal exam showed left leg weakness and normal strength, sensation and reflexes of the right upper extremity. Her diagnoses included acute post-traumatic headache, cervical nerve root lesion-other and acute pain due to trauma. At issue in this review is the request for additional physical therapy 3 x 2 for the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x2 for the right hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline, ACOEM Guidelines page

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality with improvement and normal range of motion and strength documented on exam by the therapist. A self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual.