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| Case Number: | CM14-0025981 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 04/15/2013 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 02/14/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 Rehab, 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:

This 32 year-old patient sustained an injury on 4/15/13 from picking up an infant while employed by [REDACTED]. Request(s) under consideration include PHYSICAL THERAPY LEFT WRIST 2 X 4. Diagnoses include left wrist sprain/strain and right wrist DeQuervains. Conservative care has included medications, therapy, acupuncture, diagnostics, and modified activities/rest. The patient has had extensive prior sessions of PT without documented outcome. There is an authorization letter dated 6/17/13 for 9 PT visits to left wrist. Subsequent request for additional 9 visits was denied on 8/22/13 by utilization reviewer. Report of 10/30/13 from the provider noted the patient with continued wrist pain rated at 7/10; been using Naproxen. Exam showed positive Tinel's and Phalen's at bilateral wrists with diagnoses of bilateral wrists sprain/strain. Treatment was for additional acupuncture and PT. Utilization review report of 11/20/13 noted modifying the acupuncture visits to 6 sessions and the PT visits for left wrist to an additional 6 visits. The patient continues to treat for chronic ongoing wrist symptoms with unchanged clinical findings. The request(s) for PHYSICAL THERAPY LEFT WRIST 2 X 4 was non-certified on 2/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Wrist 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: This 32 year-old patient sustained an injury on 4/15/13 from picking up an infant while employed by [REDACTED]. Request(s) under consideration include Physical Therapy Left Wrist 2 x 4. Diagnoses include left wrist sprain/strain and right wrist DeQuervains. Conservative care has included medications, therapy, acupuncture, diagnostics, and modified activities/rest. The patient has had extensive prior sessions of PT without documented outcome. There is an authorization letter dated 6/17/13 for 9 PT visits to left wrist. Subsequent request for additional 9 visits was denied on 8/22/13 by utilization reviewer. Report of 10/30/13 from the provider noted the patient with continued wrist pain rated at 7/10; been using Naproxen. Exam showed positive Tinel's and Phalen's at bilateral wrists with diagnoses of bilateral wrists sprain/strain. Treatment was for additional acupuncture and PT. Utilization review report of 11/20/13 noted modifying the acupuncture visits to 6 sessions and the PT visits for left wrist to an additional 6 visits. The patient continues to treat for chronic ongoing wrist symptoms with unchanged clinical findings. The request(s) for Physical Therapy Left Wrist 2 x 4 was non-certified on 2/14/14. Review indicates the patient has had at least 15 formal PT sessions authorized. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Left Wrist 2 x 4 is not medically necessary and appropriate.