

Case Number:	CM15-0003933		
Date Assigned:	01/15/2015	Date of Injury:	02/14/2014
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 02/14/2014. The mechanism of injury involved heavy lifting. The current diagnosis is wrist joint pain. The injured worker presented on 11/17/2014 with complaints of persistent pain. Previous conservative treatment includes rest, medications, splinting, and a right wrist injection. The injured worker was recommended to undergo a course of physical therapy; however, due to a number of different complexities, the injured worker did not complete a course of physical therapy. Upon examination, there was a loss of right wrist extension with complaints of pain, diffuse tenderness throughout the right upper extremity, myofascial trigger points, and subjective numbness in a nondermatomal distribution. Recommendations included an orthopedic surgeon referral, as well as a physical therapy referral.

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 3 Weeks for The Right Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS Guidelines state 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. While it is noted that the injured worker has not previously participated in a course of physical therapy, there was no documentation of a significant functional limitation. Range of motion values were not provided. There was no documentation of a motor deficit. The medical necessity for the current request has not been established. As such, the request is not medically appropriate.

Psychology 1 Time A Week for 6 Weeks for Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. Recommendations include an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 6 sessions of psychotherapy exceeds guideline recommendations. Additionally, there was no documentation of a psychological disturbance or any evidence of psychological evaluation. The medical necessity has not been established. Therefore, the request is not medically appropriate at this time.

Orthopedic Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with a line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no indication that this injured worker is currently a candidate for surgery. There was no evidence of a significant musculoskeletal deficit upon examination. The medical necessity for an orthopedic surgeon referral has not been established in this case. Therefore, the request is not medically appropriate at this time.