

Case Number:	CM15-0004493		
Date Assigned:	01/26/2015	Date of Injury:	06/17/2014
Decision Date:	04/20/2015	UR Denial Date:	12/05/2014
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 6/17/14. He has reported back pain after falling off of scaffolding. The diagnoses have included left hand and wrist pain, back pain, left hand instability, and thoracic early disc desiccation. Treatment to date has included medications, activity modifications, physical therapy 10 sessions to date, and Home Exercise Program (HEP). Surgery included right wrist fusion in 2005. Currently, as per the physician progress note dated 12/12/14, the injured worker complains of left wrist pain which was rated 10/10 on pain scale and thoracic spine pain rated 8/10 on pain scale. The current medications included Norco, Valium and Motrin. Magnetic Resonance Imaging (MRI) of the thoracic spine dated 8/13/14 revealed disc desiccation and disc protrusion effacing the thecal sac. Magnetic Resonance Imaging (MRI) of the left wrist dated 8/13/14 revealed instability, ganglion cyst, small cyst and osteoarthropathy of first carpometacarpal joint. The physical exam revealed painful range of motion of left hand and wrist. There were no new motor or sensory deficits noted. The Treatment Plan included medications, physical therapy and follow up in 1 month. The requested treatment was Eight Additional Physical Therapy Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Additional Physical Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Forearm, wrist, and hand Physical therapy (2) Low Back Lumbar & Thoracic (Acute & Chronic) Physical therapy.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for left wrist pain with findings of dorsal segment instability and a thoracic strain. Treatments have included 10 sessions of physical therapy including a home exercise program. Guidelines recommend up to 9 visits over 8 weeks for treatment of the claimant's wrist condition and up to 10 visits over 5 weeks for the thoracic spine. In this case, the claimant has already had treatments consistent with these guidelines including a home exercise program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.