

Case Number:	CM15-0009506		
Date Assigned:	01/27/2015	Date of Injury:	12/19/2013
Decision Date:	04/02/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/16/2015

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 46-year-old female who reported an injury on 12/19/2013, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right wrist. The injured worker's treatment history included physical therapy, medications and psychological support. The injured worker was evaluated on 12/12/2014. It was documented that the injured worker complained of progressively worsening wrist and hand numbness. Physical findings included decreased range of motion, and tenderness and spasming of the right wrist. The injured worker's diagnoses included herniated lumbosacral discs and chondromalacia patella. The injured worker's treatment plan included physical therapy. A Request for Authorization was submitted on 12/12/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 to the right wrist: Upheld

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

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

Decision rationale: The requested physical therapy 2 x 3 to the right wrist is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 10 visits for myofascial and neuropathic pain. However, California Medical Treatment Utilization Schedule also recommends that injured workers be transitioned into a home exercise program to assist with maintaining improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any indication that the injured worker is participating in a home exercise program. Additionally, there are no factors to preclude further progress of the patient while participating in a home exercise program. There are no exceptional factors to support extended treatment beyond guideline recommendations. As such, the requested physical therapy 2 x 3 to the right wrist is not medically necessary or appropriate.