

Case Number:	CM15-0104573		
Date Assigned:	06/08/2015	Date of Injury:	08/19/2013
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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 61 year old male, who sustained an industrial injury on August 19, 2013, incurring left knee, ankle and right wrist injuries after a slip and fall. He was diagnosed with tenosynovitis of the hand and wrist. Electromyography studies revealed bilateral ulnar neuropathy. Treatment included physical therapy, wrist injections, pain management and work restrictions. Currently, the injured worker complained of persistent right hand and wrist pain and left ankle pain with restricted range of motion. The injured worker had a history of left ankle surgery in March 2006 for a septic infection. The treatment plan that was requested for authorization included twelve visits of physical therapy for the left ankle and twelve visits of physical therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Physical Therapy for the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Ankle & Foot (Acute & Chronic), Physical therapy (PT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2000 1310 continues to be treated for right wrist and hand pain and left ankle pain. He has a remote history of left ankle surgery in March 2006. When seen, there had been a 50% decrease in wrist pain after an injection. He had been able to exercise better with improved grip and grasp function and was performing upper extremity bicycle exercises. He was having worsening ankle pain. There was a pending bariatric surgery evaluation. Physical examination findings were normal including a non-antalgic gait. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to revise the claimant's current exercise program. The request is not medically necessary.

12 visits of Physical Therapy for the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist & Hand (Acute & Chronic), Physical/Occupational therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2000 1310 continues to be treated for right wrist and hand pain and left ankle pain. He has a remote history of left ankle surgery in March 2006. When seen, there had been a 50% decrease in wrist pain after an injection. He had been able to exercise better with improved grip and grasp function and was performing upper extremity bicycle exercises. He was having worsening ankle pain. There was a pending bariatric surgery evaluation. Physical examination findings were normal including a non-antalgic gait. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to revise the claimant's current exercise program. The request is not medically necessary.