

Case Number:	CM15-0015630		
Date Assigned:	02/03/2015	Date of Injury:	08/19/2013
Decision Date:	04/09/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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

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 (IW) is a 55-year-old male who sustained an industrial injury on 08/19/2013. He has reported significant back pain, neck, bilateral shoulder pain, and left ankle pain. Diagnoses include cervical sprain, sprain/strain of the wrist, carpal tunnel syndrome, lumbar radiculopathy, internal derangement of the ankle and foot and DeQuervain's. Treatments to date include non-steroidal anti-inflammatory medications, muscle relaxants, chiropractic care with TENS (transcutaneous external nerve stimulation), massage, heat application, spinal adjustment, all with minimal relief. The IW had 24 sessions of physical therapy from 10/23/2013 to 01/11/2014. A progress note from the treating provider dated 12/16/2014 indicates presence of spasm and tenderness to palpation in the paraspinal muscles, sensitivity was decreased in the bilateral median nerve dermatomes, and restricted range of motion. Reflexes and strength were normal in the elbows bilaterally, and cervical compression and Spurling's were negative bilaterally. The shoulders had no swelling, warmth, deformities or asymmetry, and the trapezius muscles were tender to palpation. Impingement sign was negative bilaterally. There was a positive Finkelstein's and a positive Tinel's on the left. The treatment plan was for physical therapy 3 times a week for 4 weeks for the left wrist. The notes reflect that the physical therapy trial was to be done before sending the IW to an orthopedic surgeon. On 12/30/2014, Utilization Review non-certified a request for Physical Therapy 3x4 Left Wrist. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Left Wrist: Upheld

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

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

Decision rationale: This patient presents with significant left wrist pain at this time. The treater requests physical therapy 3 x 4 left wrist per report dated 12/16/14. Review of submitted documents do not indicate this patient has not previously received physical therapy for the left wrist. MTUS guidelines, pages 98, 99, does allow for a short course of 8-10 sessions of therapy for various myalgias and neuralgias, however, in this case, the request for 12 visits exceeds the recommended 8-10 sessions for this type of diagnosis. The request IS NOT medically necessary and does not meet the recommended MTUS guidelines.