

Case Number:	CM15-0131592		
Date Assigned:	07/17/2015	Date of Injury:	08/27/2013
Decision Date:	08/13/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 29 year old female, who sustained an industrial injury on 08/27/2013 secondary to a crush injury of left forearm and wrist. On provider visit dated 03/17/2015 the injured worker has reported left wrist and forearm pain with paresthesia. On examination of the left wrist and hand revealed a positive Phalen and Tinel sign in the left wrist. Hypersensitivity was present in the left wrist and hand. The diagnoses have included crush injury left forearm and wrist, causalgia - rule out reflex sympathetic dystrophy and hypersensitivity. Treatment to date has included splint, medication and physical therapy. The provider requested physical therapy, twice weekly, left wrist & forearm and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice weekly, left wrist & forearm QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The California MTUS does not recommend manual therapy and manipulation for chronic pain of the forearm, wrist, and hand, and as this patient's complaints are chronic in nature per the MTUS definition of pain that persists beyond the anticipated time of healing, the requested treatment for 12 additional sessions of physical therapy cannot be considered medically necessary, particularly in light of the lack of evidence in the provided records of functional improvement after prior physical therapy treatments.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screening Page(s): 89.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time and is therefore not considered medically necessary.