

Case Number:	CM15-0132619		
Date Assigned:	07/20/2015	Date of Injury:	04/09/2015
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: Pennsylvania, Ohio, 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 is a 30 year old female with an industrial injury dated 04/09/2015. The injury is documented as occurring when her right hand/wrist struck the metal roller/conveyor belt injuring her right wrist. Her diagnoses included contusion, sprain/strain of the right wrist; rule out Guyon's canal ulnar nerve neuritis and rule out post-traumatic carpal tunnel syndrome. Prior treatment included physical therapy, x-rays and orthopedic evaluation. She presents on 06/15/2015 with complaints of right hand/wrist pain with some numbness and tingling in the hand and fingers, stiffness of the hand and wrist, weakness of the right hand and wrist, popping of the wrist, locking of the hand and giving way of the hand. Physical exam noted no active triggering about the hand. Most of the tenderness was along the ulnar aspect of the wrist and forearm, over the distal ulna. There was paresthesia noted within the median and ulnar nerve distribution. She had pain with compression over Guyon's canal. Treatment plan included another short course of physical therapy. The treatment request is for physical therapy - 6 treatments (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy - 6 treatments (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.