

Case Number:	CM15-0137899		
Date Assigned:	07/30/2015	Date of Injury:	03/15/2010
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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 is a 44 year old female, who sustained an industrial injury on March 15, 2010. The injured worker reported slipping and falling while holding equipment sustaining injury to the right wrist. The injured worker was diagnosed as having right wrist pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the neck, magnetic resonance imaging of the lumbar spine, psychiatric therapy, magnetic resonance imaging of the right wrist, medication regimen, and use of a wrist splint. Examination from May 07, 2015 was revealing for tenderness over the right radiocarpal joint and a tender mass over the distal radius. In a progress note dated June 02, 2015 the treating physician reports complaints of right wrist pain and swelling. The treating physician noted magnetic resonance imaging that was revealing for a scarred but intact scapholunate ligament. The medical records provided did not contain documentation of prior physical therapy. The treating physician requested twelve sessions of physical therapy with the treating physician noting that the injured worker is not currently a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve session of physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The patient has history of s/p shoulder arthroscopy in April 2013, over 2 years past and has received at least 24 PT visits previously. Current request for 12 PT sessions was modified by UR for 8 additional sessions. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no new injury or specific neurological deficit progression to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT/OT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Twelve session of physical therapy visits is not medically necessary and appropriate.