MAXIMUS Federal Services

Case Number:	CM15-0137939		
Date Assigned:	07/27/2015	Date of Injury:	07/01/2014
Decision Date:	08/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/16/2015

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 32 year old female who sustained an industrial/work injury on 7/1/14. She reported an initial complaint of wrist pain. The injured worker was diagnosed as having sprain of wrist. Treatment to date includes medication, physical therapy, and diagnostics. Currently, the injured worker complained of wrist pain that increases with use of the left wrist. Pushing and pulling causes him a lot of pain. Per the primary physician's report (PR-2) on 6/1/15, exam there is point tenderness over the flexor carpi radialus insertion, no palpable cyst, however there is a 5 cm cyst in that area on MR arthrogram. The requested treatments include Physical Therapy with Phonophoresis Left Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with Phonophoresis Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Iontophoresis.

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