

Case Number:	CM15-0166848		
Date Assigned:	09/04/2015	Date of Injury:	12/07/2011
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency 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:

This is a 39-year-old male who sustained an industrial injury on 12-07-2011. Diagnoses include right carpal sprain, strain and right wrist tenosynovitis. Treatment to date has included medication, activity modification and physical therapy. According to the progress notes dated 7-14-2015, the IW (injured worker) reported frequent, mild achy pain in the neck, upper, mid and lower back and constant mild achy pain in the bilateral wrists. On examination, dorsiflexion and palmar flexion were decreased in the right wrist to 50 degrees and 40 degrees, respectively. There was tenderness to palpation all about the wrist. Tinel's, Phalen's and carpal compression were all positive in the right wrist. Motor strength of right grip was 5- out of 5. The left wrist was also tender to palpation and carpal compression was positive. A request was made for six visits of physical therapy for the right wrist and forearm because it was decreasing pain and increasing function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy Right wrist/forearm (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand.

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

Decision rationale: The requested physical therapy right wrist/forearm (6 visits) , is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has frequent, mild achy pain in the neck, upper, mid and lower back and constant mild achy pain in the bilateral wrists. On examination, dorsiflexion and palmar flexion were decreased in the right wrist to 50 degrees and 40 degrees, respectively. There was tenderness to palpation all about the wrist. Tinel's, Phalen's and carpal compression were all positive in the right wrist. Motor strength of right grip was 5-out of 5. The left wrist was also tender to palpation and carpal compression was positive. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy right wrist/forearm (6 visits) is not medically necessary.