

Case Number:	CM15-0185835		
Date Assigned:	09/28/2015	Date of Injury:	12/10/2014
Decision Date:	11/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, Florida, California

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:

This is a 59-year-old male with a date of industrial injury 12-10-2014. The medical records indicated the injured worker (IW) was treated for fracture of the right wrist- distal radius; tear of the triangular ligament distal right ulnar joint; and mild chronic regional pain syndrome. In the 7-17-15 and 8-21-15 progress notes, the IW reported right wrist pain (no numeric rating was documented). Objective findings on 7-17-15 and 8-21-15 included weakness and tenderness of the distal right ulnar joint. Supination and flexion was limited to 40 degrees. Grip loss was noted, but not specified. Treatments included four weeks of physical therapy (16 sessions) for the right forearm and splinting. MRI of the right wrist on 7-9-15 showed a tear of the triangular fibrocartilage complex and tendinosis of the extensor carpi ulnaris and tenosynovitis of the abductor pollicis longus. A Request for Authorization was received for physical therapy for the right wrist twice a week for four weeks. The Utilization Review on 9-9-15 modified the request for physical therapy for the right wrist twice a week for four weeks, to allow four visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right wrist, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Key case points are as follows. The claimant was injured in 2014 with a fracture of the right wrist- distal radius; a tear of the triangular ligament distal right ulnar joint; and mild chronic regional pain syndrome. In the 7-17-15 and 8-21-15 progress notes, there is right wrist pain (no numeric rating was documented). Objective findings on 7-17-15 and 8-21-15 included weakness and tenderness of the distal right ulnar joint. Grip loss was noted, but not specified. Treatments included four weeks of physical therapy (16 sessions) for the right forearm and splinting. The Utilization Review on 9-9-15 modified the request for physical therapy for the right wrist twice a week for four weeks, to allow four visits. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. I would concur with a small number being approved to transition to independent care, but not the amount suggested here. This request for more skilled, monitored therapy is not medically necessary.