

Case Number:	CM15-0188454		
Date Assigned:	09/30/2015	Date of Injury:	02/19/2015
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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:

The injured worker is a 58 year old female, who sustained an industrial injury on 2-19-15. Current diagnoses or physician impression includes complex regional pain syndrome and left radial fracture. Her work status is temporary total disability. A note dated 7-23-15 reveals the injured worker presented with complaints of left hand pain and stiffness in her fingers. She reports the pain is "not bad". A note dated 6-18-15 revealed complaints of sharp pain and difficulty moving her fingers and hand. Physical examinations dated 5-14-15 and 6-18-15 revealed significant swelling and stiffness in the left. There are significant waxy skin changes of her left hand and wrist. She is not able to fully open and close the fingers on her left hand and has significant loss of mobility of the left wrist. There is widespread decreased "discrimination to pinprick" throughout the left forearm and hand. There is some numbness and tingling on sensory stimulation and decreased grip strength. She has engaged in physical therapy, which causes pain, per physician note dated 5-14-15. A physical therapy note dated 7-10-15 states improved range of motion after "the shot" except for the small "MP joint", which has a persistent contracture. She has had a left stellate ganglion nerve block and an open reduction and internal fixation of the left distal radius. Diagnostic studies to date have included x-ray. A request for authorization dated 7-23-15 for physical therapy for the left wrist 2 times a week for 4 weeks is non-certified, per Utilization Review letter dated 8-26-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left wrist; 2 times a week for 4 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: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 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. This request for more skilled, monitored therapy was appropriately non-certified, therefore is not medically necessary.