

Case Number:	CM15-0192049		
Date Assigned:	10/06/2015	Date of Injury:	05/21/2015
Decision Date:	11/13/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 20-year-old male who sustained an industrial injury on 5-21-15. He is working full time. He currently (7-13-15) complains of mild pain over the medial wrist-ulnar styloid. The injured worker reports steady improvement and he feels 75-80% improved. On physical exam of the left wrist, there was slight tenderness to palpation over the ulnar styloid. Treatments to date include physical therapy with initial request dated 5-22-15 for 6 visits; he has completed a total of 10 visits per the 7-13-15 note; neoprene wrist supports; medications: naproxen; home exercise program. The request for authorization dated 7-13-15 was for additional physical therapy 1 time per week for 6 weeks. On 8-29-15 Utilization Review non-certified the request for physical therapy 1 time per week for 6 weeks to the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 1 time a week for 6 weeks to left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one time per week times six weeks to the left wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is sprain strain wrist. Date of injury is May 21, 2015. Request for authorization is August 28, 2015. According to the most recent progress note, dated July 13, 2015, subjective complaints include right medial wrist pain. Symptoms have improved 75 to 80%. The injured worker is working full-time. The injured worker is engaged in a home exercise program. Objectively, there is tenderness to palpation at the left wrist overlying the ulnar styloid. The injured worker received 10 physical therapy sessions. Utilization review indicates the injured worker received 12 sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy one time per week times six weeks to the left wrist is not medically necessary.