

Case Number:	CM15-0192954		
Date Assigned:	10/07/2015	Date of Injury:	01/30/2014
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/01/2015

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: 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:

This is a 26 year old female who sustained a work-related injury on 1-30-14. On 6-16-15, medical documentation revealed the injured worker was being treated for left carpal sprain-strain, left triangular fibrocartilage tear, left wrist sprain-strain and left wrist tenosynovitis. She was status post left wrist surgery on 9-10-14. She reported intermittent moderate left wrist pain which she rated a 6 on a 10-point scale. Her left wrist had tenderness to palpation at the dorsal and volar wrist. A carpal compression test caused pain. She had a positive grind test and negative Froment's paper. Medical record documentation on 7-28-15 indicated the injured worker reported left wrist pain. She rated the pain a 6 on a 10-point scale. She had tenderness to palpation over the dorsal and volar aspect of the left wrist. Carpal compression test caused pain and she had a positive Grind test. Her left wrist range of motion was within normal limits. An MRI of the left wrist on 3-4-15 revealed dorsal intercalated segment instability, subchondral cyst-erosion at capitate, small radiocarpal, ulnocarpal and intercarpal joint effusion, and partial tear of the triangular fibrocartilage complex. A request for physical therapy one time per week for six weeks for the left wrist was received on 9-4-15. On 9-14-15, the Utilization Review physician determined physical therapy one time per week for six weeks for the left wrist was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1xWk x 6Wks for the Left Wrist: Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic January 2014 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 1xWk x 6Wks for the Left Wrist is not medically necessary and appropriate.