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| Case Number: | CM15-0196518 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 01/06/2014 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 1-6-2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post left wrist surgery and left hand strain. On 9-2-2015, the injured worker reported left wrist and left hand pain. The Primary Treating Physician's report dated 9-2-2015, noted the injured worker noted physical therapy had helped in the past to decrease pain and increase mobility, with the last session 6 months ago. The injured worker's current medications were not included in the progress note. The physical examination was noted to show light touch sensation intact to the left index tip and left small tip. No other physical examination findings were documented. The treatment plan was noted to include an upper extremity electromyography (EMG), physical therapy, and follow up consultations with pain medication and psych and a new sleep study consultation. The documentation provided did not include any physical therapy progress notes occupational therapy indication of frequency of treatments or the injured worker's response to treatments. The request for authorization dated 9-2-2015, requested physical therapy treatment for 12 sessions left wrist/hand 2 times a week for 6 weeks. The Utilization Review (UR) dated 9-22-2015, non-certified the request for physical therapy treatment for 12 sessions left wrist/hand 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatment for 12 sessions left wrist/hand 2 times a week for 6 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Guidelines support additional physical therapy treatments when there is an exacerbation or flare-up of symptoms. In this case, the claimant is 22 months status post injury, which was a laceration of the left wrist followed by surgical repair of the left wrist dorsal sensory ulnar nerve. The patient underwent post-operative physical therapy, which aided in his recovery. The request is now for additional physical therapy, however there is no evidence documented of a flare-up or exacerbation of symptoms. Exam findings are minimal, with some decreased sensation in the fingertips of the index and fifth finger. There is no evidence of functional improvement with prior therapy as the patient has still not returned to work. At this juncture, the patient should be well-versed in home exercise therapy and should pursue this avenue if necessary. Therefore, based on the above findings, the request is not medically necessary or appropriate.