

Case Number:	CM15-0198751		
Date Assigned:	10/14/2015	Date of Injury:	03/09/2012
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 61 year old female, who sustained an industrial injury on 3-9-2012. A review of the medical records indicates that the injured worker is undergoing treatment for articular cartilage disorder involving the forearm, pain in the joint involving the forearm, and follow-up to surgery. On 7-22-2015, the injured worker reported she was unable to fully move the right hand, rating her pain as 4 on a scale of 1 to 10 with 10 being the most severe pain imaginable. The Primary Treating Physician's report dated 7-22-2015, noted the injured worker was seen for her initial post-operative examination of her right wrist after arthroscopy of the right wrist performed on 7-14-2015. X-rays of the right hand and right wrist were noted to show no increase of osteoarthritis. Prior treatments have included right trigger finger release, physical therapy, right wrist surgery 7-14-2015, and medications including Hydrocodone, Diclofenac Sodium, Pantoprazole, and Cyclobenzaprine. The treatment plan was noted to include post-operative physical therapy to regain strength and stability of the right wrist, and medications dispensed including Hydrocodone-APAP, Cyclobenzaprine, Diclofenac Sodium, Tramadol HCL ER, and Pantoprazole Sodium. The injured worker's work status was noted to be to remain off work. The request for authorization was noted to have requested physical therapy right wrist 3 times a week for 4 weeks. The Utilization Review (UR) dated 9-18-2015, modified the request for physical therapy right wrist 3 times a week for 4 weeks to approve physical therapy x5 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right wrist 3 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: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed 5 sessions of physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.