

Case Number:	CM15-0199428		
Date Assigned:	10/14/2015	Date of Injury:	05/13/2014
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
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: California, Hawaii
 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:

The injured worker is a 34-year-old male who sustained an industrial injury on 5-13-14. A review of the medical records indicates he is undergoing treatment for previous left forearm Monteggia's fracture with residual loss of strength and endurance and persistent distal radial ulnar joint pain of the left wrist. Medical records (3-18-15 to 8-19-15) reveal ongoing complaints of left wrist pain. He complains of weakness, loss of endurance of the left forearm, and tenderness and pain at the distal radial ulnar joint of the left wrist. His pain is aggravated with grasping, pushing, and pulling. The physical exam (8-19-15) reveals "persistent tenderness about the right wrist distal radial and ulnar joint, aggravated with pronation and supination of the wrist". The extension is noted to be 60 degrees, flexion is 60 degrees. Radial deviation is 10 degrees, as is ulnar deviation. Motor, sensation, and pulses are "intact". No exam of the left wrist is noted in the 8-19-15 record. Diagnostic studies have included a CT scan of the left forearm. Treatment has included medications and physical therapy. The injured worker has undergone at least 2 courses of physical therapy, the most recent course completing, at least, 9 sessions of physical therapy. The treating provider indicates that the injured worker is working with physical therapy for "modalities and strengthening exercises". The records indicate that he has developed "increasing left wrist pain" through working with physical therapy. The treatment recommendations include an arthroscopic MRI of the left wrist and a renewal of physical therapy for modalities, range of motion, and strengthening exercises two times a week for six weeks. The utilization review (9-11-15) includes a request for authorization for physical therapy two times a week for six weeks. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for left forearm, 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: The patient presents with pain affecting the left forearm and wrist. The current request is for Physical therapy 2 times a week for 6 weeks for left forearm, left wrist. The treating physician report dated 8/19/15 (90B) states, "He is working on physical therapy for modalities and strengthening exercises." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided show the patient has received prior physical therapy for the left forearm and wrist. The patient's status is not post-surgical. In this case, the patient has received an unknown quantity of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. The current request is not medically necessary.