

Case Number:	CM15-0200428		
Date Assigned:	10/15/2015	Date of Injury:	08/19/2014
Decision Date:	11/25/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/13/2015

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 35 year old woman sustained an industrial injury on 8-19-2014. Diagnoses include right wrist sprain-strain. Treatment has included oral medications. Physician notes on a PR-2 dated 8-6-2015 show complaints of right wrist tenderness. The physical examination shows left wrist range of motion noted to be dorsiflexion 70 degrees, volar flexion 80 degrees, radial deviation 25 degrees, ulnar deviation 35 degrees, pronation-supination 90 degrees. Strength and sensation are noted to be normal. Recommendations include hand orthopedic consultation. Utilization Review denied a request for physical therapy on 10-12-2015.

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 right 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 current request is for Physical therapy 2 times a week for 6 weeks for right wrist. Treatment history includes medications, brace, and physical therapy. The patient may return to work with restrictions. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under Physical Medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/10/15, the patient presents with right wrist and hand pain. The physical examination showed decreased left wrist range of motion. Phalen's test is positive. The patient denied numbness and tingling. It was noted that the patient is not recovering as expected. A request was made for physical therapy and acupuncture treatments. Report 07/24/5 states that the patient completed a course of physical therapy. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, MTUS allows up to 10 visits for these types of symptoms, and the current request for 12 sessions in addition to prior treatment, exceeds what is recommended by MTUS. In addition, the treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy is not medically necessary.

Acupuncture 2 times a week for 6 weeks for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The current request is for Acupuncture 2 times a week for 6 weeks for right wrist. Treatment history includes medications, brace, and physical therapy. The patient may return to work with restrictions. MTUS Guidelines Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments, the guidelines state if there is functional improvement, then the treatment can be extended. Per report 09/10/15, the patient presents with right wrist and hand pain. The physical examination showed decreased left wrist range of motion. Phalen's test is positive. The patient denied numbness and tingling. It was noted that the patient is not recovering as expected. A request was made for physical therapy and acupuncture treatments. There is no indication of prior acupuncture treatments. MTUS guidelines support 3-6 sessions initially, with additional treatments being contingent upon functional improvement. Although the patient may benefit from trial course of Acupuncture treatment, the current request for 12 visits exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.