

Case Number:	CM15-0201583		
Date Assigned:	10/16/2015	Date of Injury:	03/31/2014
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
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, 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 58 year old female with an industrial injury date of 03-31-2015. Medical record review indicates she is being treated for right wrist distal radius fracture (well healed), right wrist strain-sprain, right thumb osteoarthritis, right elbow tendinitis and right forearm tendinitis. Subjective complaints (08-26-2015) included pain of the right wrist, right thumb and right arm with associated stiffness to her right wrist and right thumb. She also complained of weakness and difficulty with lifting and grasping. "She also continues to have difficulty with her activities of daily living as well." Work status (08-26-2015) is documented as temporary total disability. Prior treatment included at least 12 sessions of physical therapy. Physical exam (08-26-2015) noted pain on flexion of the wrist causing pain to the flexor surface of the right elbow and right forearm. There was mild swelling of the right elbow noted with tenderness upon palpation of the lateral aspect. Right wrist flexion and extension was 50 degree. On 09-22-2015 the request for 12 additional physical therapy of the right wrist 3 times a week for 4 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy of the Right Wrist 3x/Week for 4 Weeks: 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 medical records indicate the patient has ongoing complaints of pain in the right wrist and right thumb and right arm. The current request for consideration is 12 additional physical therapy of the right wrist 3 x a week for 4 weeks. The attending physician report dated August 26, 2015, page (33c), offers no rationale for continued physical therapy. The CA MTUS does recommend physical therapy for wrist injuries at a decreasing frequency with a transition into independent home-based exercise. The CA MTUS guidelines recommends for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient has completed 12 physical therapy sessions to date. The records indicate the patient had a distal radial fracture that is now well healed. The physical exam reveals slight limitation in flexion and extension of the wrist. However, the attending physician provides no objective documentation of improved functional benefit from previous physical therapy and the current request exceeds the 9-10 sessions that MTUS recommends. Therefore, the current request is not medically necessary.