

Case Number:	CM15-0202356		
Date Assigned:	10/19/2015	Date of Injury:	09/22/2011
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, California
 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:

This is a 54 year old male patient, who sustained an industrial injury on September 22, 2011. The diagnoses include status post right wrist surgery in August of 2012, right wrist closed fracture, right wrist ganglion cyst, and compensatory right shoulder, right arm, and right elbow pain. Per a progress note dated April 23, 2015 he had complaints of an increase in symptoms to the hand after a recent incident where a door hit his already injured right hand causing inflammation, decreased range of motion, and weakness. The physical examination on April 23, 2015 revealed "moderate" edema to the dorsal region of the right hand, decreased range of motion to the right hand, pain with palpation to the joint line, and weakness to the right hand. Per the Qualified Medical Re-evaluation dated May 15, 2015 he had at least 10 sessions of physical therapy post operatively, with 6 more sessions authorized but not completed, however the evaluation did not indicate if the patient experienced any functional improvement with prior physical therapy. He had complaints of right shoulder and right upper arm pain, right elbow pain and right wrist pain. The medications list includes omeprazole, carisoprodol, ketoprofen, norco and capsaicin cream. Treatment and diagnostic studies to date has included above noted procedure, medication regimen, and physical therapy. The treating physician requested physical therapy for the right hand and right wrist 3 times a week for 4 weeks, but did not indicate the specific reason for the requested additional therapy. On September 18, 2015 the Utilization Review denied the request for physical therapy for right hand and right wrist 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right hand and right wrist 3 times a 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: Physical therapy for right hand and right wrist 3 times a week for 4 weeks. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the Qualified Medical Re-evaluation dated May 15, 2015 he had at least 10 sessions of physical therapy post operatively, with 6 more sessions authorized but not completed. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The Physical therapy for right hand and right wrist 3 times a week for 4 weeks is not medically necessary for this patient at this time.