

Case Number:	CM15-0208114		
Date Assigned:	10/27/2015	Date of Injury:	02/13/2015
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 71 year old female who sustained an industrial injury on 02-13-2015. According to a progress report dated 09-09-2015, the injured worker was status post left wrist open reduction internal fixation on 02-19-2015. She had completed 28 of 28 sessions of physical therapy. She was doing "better" with range of motion. She still had pain and decreased grip strength and trouble raising her arm up. She had been working modified duty since 07-10-2015. She had tenderness of the wrist. Flexion was limited to 40 degrees and extension was limited to 30 degrees. She was able to make almost a full fist. She had decreased grip strength. She was unable to supinate her forearm. Diagnoses included left wrist joint pain and history of orthopedic surgery. The treatment plan included physical therapy and or occupational extension 1 x 2 weeks, 2 sessions for the left wrist. On 10-05-2015, Utilization Review non-certified the request for physical therapy for the left wrist and hand 1 time a week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left wrist and hand 1 time a week for 2 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: This 71 year old female has complained of left wrist pain since date of injury 2/13/2015. She has been treated with surgery, medications and physical therapy (28 sessions thus far). The current request is for physical therapy for the left wrist and hand 1 time a week for 2 weeks. Per the MTUS guidelines cited above in the section Physical Medicine/therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. On the basis of the available medical records and per the guidelines cited above, physical therapy for the left wrist and hand 1 time a week for 2 weeks is not indicated as medically necessary.