

Case Number:	CM15-0208582		
Date Assigned:	10/27/2015	Date of Injury:	05/12/2015
Decision Date:	12/15/2015	UR Denial Date:	10/10/2015
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: 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:

This injured worker is a 46 year old male who reported an industrial injury on 5-12-2015. His diagnoses, and or impressions, were noted to include: left wrist, elbow and forearm injuries; left wrist tenosynovitis and non-displaced scaphoid fracture with delayed healing; and left wrist pain. X-rays of the left wrist were taken on 5-13-2015, noting no significant findings; and magnetic resonance imaging studies of the left wrist done on 6-22-2015, noting no occult fracture or osteonecrosis, and mild scaphotrapeziotrapezoidal joint osteoarthritis. His treatments were noted to include: a left wrist splint; occupational therapy evaluation (5-28-15) with 6 sessions; medication management with toxicology screenings; and activity restrictions with modified work duties (versus rest from work). The progress notes of 9-16-2015 reported left wrist pain. The objective findings were noted to include: left wrist tenderness at the dorsal-palmar-ulnar-radial aspects; decreased range-of-motion; positive Tinel's & Phalen's tests; tenderness over the snuffbox; and decreased motor strength and sensation over the left wrist. The physician's requests for treatment were noted to include physical therapy evaluation and treatment for the left wrist, 3 x a week for 4 weeks. The Request for Authorization, dated 9-16-2015, was noted to include physical therapy for evaluation and treatment of the left wrist, (outside) 3 x a week for 4 weeks. The Utilization Review of 10-9-2015 non-certified the request for physical therapy evaluation and 12 sessions, to treat the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy for evaluation and treatment of the left wrist:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain and numbness in the left wrist. The current request is for Twelve (12) sessions of Physical Therapy for evaluation and treatment of the left wrist. The treating physician's report dated 09/16/2015 (125B) states, "Patient continues to have pain in the wrist. Physical therapy was previously approved and provided to the patient on a continuous basis, but recently had been non-certified due to lack of information regarding the number of previous therapy visits. The patient reports he has had 7 visits with the doctor with only minimal improvement in pain relief." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 08/17/2015 (116B) notes no changes to the patient's symptoms. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain or improved quality of life. Given the lack of functional improvement while utilizing physical therapy, additional sessions are not warranted. Furthermore, the requested 12 additional sessions exceed the MTUS Guidelines. The current request is not medically necessary.