

Case Number:	CM15-0020974		
Date Assigned:	02/24/2015	Date of Injury:	10/15/2013
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/04/2015

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: Pennsylvania
 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:

The injured worker is a 54 year old female, who sustained a work related injury on 10/15/13. She fell and landed on her left side. She had pain in left wrist. The diagnoses have included distal radial fracture and wrist sprain/strain. Treatments to date have included a MRI left wrist, left wrist surgery, physical therapy, Lidocaine patches, paraffin baths, acupuncture treatments, activity modification and anti-inflammatory medication. In the PR-2 dated 1/13/15, the injured worker states that the physical therapy to her left wrist is improving her symptoms. She has some mild edema in left wrist. She has full active and passive forearm pronation and supination with improved wrist flexion and extension. In an Agreed Medical Evaluation dated 1/19/15, she complains of persistent pain in left wrist and arm. She states the pain is moderate in intensity and is present most of time. She has some tenderness to palpation of left wrist. She has decreased grip strength with left hand. On 1/22/15, Utilization Review non-certified a request for 6 sessions of physical therapy for the hand. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The ACOEM does not specifically refer to post-surgical physical medicine following distal ulna resection. The date of surgery was 8/22/2014. The surgery was performed for ulnocarpal impaction and radioulnar degenerative joint disease. The postsurgical treatment period for arthropathy of the wrist and hand is 4 months with 24 visits over 8 weeks. The record does not indicate any range of motion or functional deficits remaining. Symptoms are improving. She has already had 20 sessions of therapy and is well beyond the 4 month post-operative period. It would be expected that at this point the worker would have an established active home exercise program where continued gains could be expected. The need for continued therapy sessions has not been established.