

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0021509 | | |
| Date Assigned: | 02/12/2015 | Date of Injury: | 02/13/2004 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 01/21/2015 |
| 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on February 13, 2004. She has reported pain with moderate swelling of the right wrist and sleep disturbances. The diagnoses have included wrist and hand pain, tenosynovitis and tendinitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right wrist, conservative therapies, pain medications and work restrictions. Currently, the IW complains of moderate swelling of the right wrist and sleep disturbances. The injured worker reported an industrial injury in 2004, resulting in moderate swelling of the right wrist and sleep disturbances. She was treated conservatively with improvement in the reported pain. On July 11, 2014, she reported the above pain. On January 14, 2015, evaluation revealed improvements in pain and range of motion with 100% normal flexion, extension and rotation noted. There was noted tenderness and swelling of the right wrist with a surgical scar noted. Right elbow pain was also noted. Further physical therapy was requested. On January 21, 2015, Utilization Review non-certified a request for Physical Therapy X6 visits, right Wrist/Hand, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of requested Physical Therapy X6 visits, right Wrist/Hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X6 visits, right Wrist / Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear whether the patient has undergone previous therapy specific for this area. If the patient has not undergone therapy previously, a 6-visit trial may be indicated. However, there is no documentation of any objective functional deficits which would be expected to improve with therapy, but would be unable to be addressed with an independent program of home exercise. If the patient has undergone aquatic therapy for this body part previously, there is no documentation of sustained objective functional improvement as a result of those therapy sessions. In light of the above issues, the currently requested physical therapy is not medically necessary.