

Case Number:	CM15-0211324		
Date Assigned:	10/30/2015	Date of Injury:	02/04/2015
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 male, who sustained an industrial injury on 02-04-2015. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right distal radius fracture status post surgery, right elbow mild distal biceps tendonitis and lateral epicondylitis, right shoulder impingement without rotator cuff tear, cervical spine sprain-strain, and lumbar sprain-strain. Treatment and diagnostics to date has included injections, physical therapy, and medications. Recent medications have included Relafen. Subjective data (07-27-2015 and 09-17-2015), included right shoulder, right elbow, and right wrist pain. Objective findings (09-17-2015) included "mild" impingement of the shoulder with "improved" range of motion, right elbow tenderness, right wrist tenderness with stiffness and sensitivity, and decreased grip strength. The treating physician noted that the injured worker "has been going to therapy. He has not noted significant improvement". The request for authorization dated 09-17-2015 requested to continue physical therapy 2x6 (right shoulder, right elbow, and right wrist) and hand specialist evaluation and treatment. The Utilization Review with a decision date of 10-08-2015 non-certified the request for 12 additional physical therapy sessions to right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hand and wrist, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, the requested treatment is not medically necessary.