

Case Number:	CM15-0217110		
Date Assigned:	11/06/2015	Date of Injury:	10/29/2013
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/04/2015

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, Indiana, New
York Certification(s)/Specialty: Internal 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 57-year-old female, who sustained an industrial injury on October 29, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right wrist sprain and strain, right hand right ring trigger finger, right ankle synovitis and right ankle sprain and strain. Treatment to date has included physical therapy, injection and medication. On August 21, 2015, the injured worker complained of pain and numbness to the right wrist and right hand rated as a 5 on a 0-10 pain scale. She also complained of right ankle pain rated as a 6-7 on a 0-10 pain scale. Overall, her pain was noted to have remained the same from a prior exam visit. Physical examination of the right wrist and hand revealed grade 2 tenderness to palpation and "restricted" range of motion of the wrist. Physical examination of the right ankle revealed 2-3 tenderness to palpation and "restricted" range of motion. On the day of exam, she was administered an injection of 1% Xylocaine and 40mg of Depo-Medrol into the right wrist without complication. Notes stated that she had completed 18 sessions of physical therapy. The treatment plan included continuation of right wrist-hand and right ankle once a week for six weeks and topical cream. On October 20, 2015, utilization review denied a request for physical therapy one time a week for six weeks to the right wrist and right ankle. A retrospective request for right wrist injection of one Xylocaine and 40mg Depo-Medrol (date of service 08-21-15) was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time a week for 6 weeks to right wrist and right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy Ankle section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one time per week time six weeks to the right wrist and right ankle is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right wrist sprain strain; right-hand, right ring finger trigger finger; right ankle synovitis; and right ankle sprain strain. Date of injury is October 29, 2013. Request for authorization is October 9. According to an August 21, 2015 progress note, the injured worker completed 18 sessions of physical therapy to the wrist, hand and ankle. There is no documentation demonstrating objective optional improvement based on the 18 sessions. According to an October 9, 2015 progress note, subjective complaints include right wrist numbness 6/10 and pain in the right ankle 7/10. Objectively, there is tenderness over the wrist and ankle unchanged from the prior examination. There is a positive Tinel's and Phalen's at the right wrist. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The injured worker completed 18 sessions of physical therapy and should be well-versed in the exercises performed during physical therapy to engage in a home exercise program. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective optional improvement from the prior 18 sessions of physical therapy and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy one time per week time six weeks to the right wrist and right ankle is not medically necessary.