

Case Number:	CM15-0218338		
Date Assigned:	11/10/2015	Date of Injury:	02/19/2015
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/05/2015

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:

The injured worker is a 59 year old female, who sustained an industrial injury on 2-19-15. The injured worker is diagnosed with fractured wrist, frozen fingers, reflex sympathetic dystrophy of the upper limb and complex regional pain syndrome. Her work status is modified duty. Notes dated 6-18-15, 7-23-15 and 9-17-15 reveals the injured worker presented with complaints of sharp left hand and wrist pain with noted tingling and sensitivity to touch. She reports limited movement and stiffness in the fingers of her left hand resulting in difficulty opening and closing things and doing her hair. Physical examinations dated 6-18-15, 7-23-15 and 9-17-15 revealed waxy skin changes of the left hand and wrist, she is unable to fully open and close her left hand and there is "significant" loss of mobility of the left wrist is noted. There is decreased sensation to pinprick throughout the left forearm and hand. Her grip strength on the left is 3 compared to the right, which is 46. The metacarpophalangeal joint flexion is 30 degrees. Treatment to date has included physical therapy, which provided improved range of motion except for the small metacarpophalangeal joint, which has a contracture per note dated 7-10-15, a left stellate ganglion nerve block, hot wax treatments and finger splint and medication. A request for authorization dated 10-8-15 for physical therapy 8 sessions for the left wrist (2x4) is non-certified, per Utilization Review letter dated 10-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 Sessions to the Left Wrist, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The patient presents with pain affecting the left wrist. The current request is for Physical Therapy 8 sessions to the Left Wrist, 2x4. The treating physician report dated 9/17/15 (34B) provides no rationale for the current request. MTUS-PSTG supports postoperative physical medicine (physical therapy and occupational therapy) 16 sessions for myalgia and neuritis type conditions. The MTUS-PST guidelines only provide a total of 16 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has at least 32 visits of physical therapy for the left wrist previously. The patient is status post ORIF for fracture of the radius on 3/6/15. In this case, the patient has received at least 32 visits of postoperative physical therapy and therefore the current request of 8 visits exceeds the recommendation of 16 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.