

Case Number:	CM15-0046985		
Date Assigned:	03/19/2015	Date of Injury:	07/15/2011
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/12/2015

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

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 28 year old female, who sustained an industrial injury on 7/15/2011. She has reported acute left wrist pain during an attempt to lift a fifteen pound box. The diagnoses have included left wrist strain and ganglion cyst. Treatment to date has included medication therapy, rest, physical therapy and acupuncture. Currently, the IW complains of left wrist pain. The active diagnosis was status post excision of left dorsal mass, date was not documented. The physical examination from 12/11/2014 documented no change from prior evaluation. The plan of care included initiation of post operative physical therapy three times weekly for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 3 Weeks (Left Wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This 28 year old patient complains of left wrist pain, and is status post excision of the left dorsal mass, as per progress report dated 12/11/14. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS (LEFT WRIST). The RFA for the case is dated 01/06/15, and the patient's date of injury is 07/15/11. As per progress report dated 11/18/14, the patient's pain is rated at 10/10, which is helped by Naproxen. The patient is totally temporarily disabled, as per the progress report dated 12/11/14. MTUS post-surgical guidelines, pages 18-20, recommends 18 sessions of PT over a span of 6 weeks. The guidelines also states that "Postsurgical physical medicine is rarely needed for ganglionectomy." In this case, several reports are handwritten and mostly illegible. The patient is status post excision of the left dorsal mass, as per progress report dated 12/11/14. In report dated 12/30/14, the physician is requesting for 9 sessions of PT for the left wrist. The UR denial letter, dated 02/19/15, states that the patient has completed 10 sessions of post-operative therapy. The treating physician is now requesting for 6 additional sessions. However, there is no documentation of reduction in pain and improvement in function due to prior therapy. Hence, the request IS NOT medically necessary.

Acupuncture 3 Times A Week for 4 Weeks (Left Wrist): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The 28 year old patient complains of left wrist pain, and is status post excision of the left dorsal mass, as per progress report dated 12/11/14. the request is for ACUPUNCTURE 3 TIMES A WEEK FOR 4 WEEKS (LEFT WRIST). The RFA for the case is dated 01/06/15, and the patient's date of injury is 07/15/11. As per progress report dated 11/18/14, the patient's pain is rated at 10/10 which is helped by Naproxen. The patient is totally temporarily disabled, as per the progress report dated 12/11/14. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, several reports are handwritten and not very legible. Additionally, the treating physician does not discuss the request. Nonetheless, the patient has had acupuncture in the past, and as progress report dated 07/17/14, it "helped minimally." Given the lack of efficacy, the request for additional acupuncture IS NOT medically necessary.