

Case Number:	CM15-0051549		
Date Assigned:	03/25/2015	Date of Injury:	08/13/2014
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 47 year old male, who sustained an industrial injury on 8/13/14. He reported right wrist injury. The injured worker was diagnosed as having right wrist sprain. Treatment to date has included physical therapy (PT), oral medications, TENS unit and H-wave treatment. A total of 36 PT treatments had been authorized since the injury. Currently, the injured worker notes improvement with activity following injections and the use of H-wave treatments. The pain score was rated at 2/20 on a scale of 0 to 10. The right wrist was noted to be better. The utilization of medications was decreased. The IW is back to full time work schedule. On physical exam, grip strength is noted to be still decreased. The treatment plan is for additional 12 physical therapy to right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right wrist QTY 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the OD guidelines recommend that physical therapy (PT) can be utilized for the treatment of musculoskeletal pain. The records indicate that the patient had completed supervised PT and home exercise program. There is documentation of improvement in function and decrease in pain following PT, the use of H-wave and injection treatment. The patient had already returned of work schedule without restriction. The guidelines recommend that patients proceed to a home exercise schedule following supervised PT program. The criteria for Additional PT for the right wrist #12 was not met. Therefore, the request is not medically necessary.