MAXIMUS Federal Services

Case Number:	CM15-0052029		
Date Assigned:	03/25/2015	Date of Injury:	07/31/2013
Decision Date:	08/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/19/2015

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 44 year old male who sustained an industrial injury on 7/31/13. He had complaints of left wrist pain and numbness. Progress note dated 2/5/15 reports complaints of worsening pain in the left wrist with decreased range of motion and worsening numbness in palm and forearm. Diagnoses include left wrist strain/sprain worse, left wrist arthofibrosis, worse, left upper extremity ulnar neuropathy at the elbow, worse and left wrist status post multiple past surgeries, worse. Plan of care includes: request for 6 sessions of physical therapy for the left wrist and elbow (2 times per week for 3 weeks), request consult and treatment with upper extremity orthopedic specialist for left wrist. Work status: return to modified work on 2/2/15 with the following restrictions for 45 days: no lifting, pushing, pulling over 10 pounds, no repetitive forceful gripping/grasping of the left upper extremity. Return for follow up in 4-6 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 for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 07/31/13 and presents with left wrist pain. The request is for physical therapy 2 times a week for 3 weeks for the left wrist. The RFA is dated 02/11/15 and the patient is to "return to modified work on 02/05/15 with the following restrictions for 45 days: no lifting, pushing, pulling over 10 pounds. No repetitive forceful gripping grasping the left upper extremity." Regarding the patient's prior physical therapy, the 02/05/15 report indicates that "the patient's last sessions were a year ago. He has only had a total of 12 sessions since his injury, but again they were right after the injury. Those previous session started to improve his strength, movement, and pain." MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient wears a left wrist brace, has worsening tenderness to palpation of the anterior wrist with limited range of motion due to discomfort, increased numbness in the ulnar aspect of the palm and forearm, and positive tinnels at the left elbow. He is diagnosed with left wrist strain/sprain- worse, left wrist arthofibrosis- worse, left upper extremity ulnar neuropathy at the elbow- worse, and left wrist status post multiple past surgeries- worse. There does not appear to be any recent surgery the patient may have had. The patient has had prior physical therapy; however, there is no numerical assessment to indicate how it has "improve[d] his strength, movement, and pain." There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. There is no indication of any flare up the patient may have to allow for additional therapy. Therefore, the request IS NOT medically necessary.