

Case Number:	CM15-0056544		
Date Assigned:	04/01/2015	Date of Injury:	01/06/2014
Decision Date:	05/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/25/2015

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 52 year old male, who sustained an industrial injury on 01/06/2014. The initial complaints or symptoms included left wrist injury and pain resulting from falling from a stool. The injured worker was diagnosed as having left wrist fracture. Treatment to date has included conservative care, medications, conservative therapies (including physical/occupational therapy), MRI of the left wrist, left wrist surgery (01/15/2014), electrodiagnostic testing of the upper extremities, and x-rays of the left wrist/hand. Currently, the injured worker complains of ongoing moderate pain and numbness in the right hand and left hand and wrist. The diagnoses include status post closed reduction internal fixation of the distal radius and ulnar fracture with residual contractures, right thumb non-stenosing flexor tenosynovitis, right thumb interphalangeal joint arthrosis with possible mucus cyst, and right trigger thumb. The treatment plan consisted of 12 session of physical therapy for the left hand, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy, 2 times a week for 6 weeks to the left hand:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The patient presents with diagnoses that include status post closed reduction internal fixation of the distal radius and ulnar fracture with residual contractures, right thumb non-strengthening flexor tenosynovitis, right thumb interphalangeal joint arthrosis with possible mucus cyst. And right trigger thumb. To date the treatment of note has consisted of left wrist surgery dated 1/15/14 and 12 sessions of physical therapy for the left hand. The injured worker currently complains of ongoing moderate pain and numbness in the right hand and left hand and wrist. The current request is for twelve sessions of physical therapy, 2 times a week for 6 weeks to the left hand. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the injured worker was approved for 12 sessions of physical therapy with [REDACTED]. However, the clinical reports provided do not specifically address whether the patient has or has not completed the physical therapy authorized on 1/12/15; therefore the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. Thus, the current request is not medically necessary and the recommendation is for denial.