

Case Number:	CM15-0070449		
Date Assigned:	07/16/2015	Date of Injury:	01/08/2014
Decision Date:	08/13/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42 year old male, who sustained an industrial injury on January 8, 2014. He reported an injury to his left wrist. Treatment to date has included diagnostic imaging, physical therapy, home exercise program, orthotics, work modifications, and ice therapy. Currently, the injured worker complains of daily pain, discomfort in the left upper extremity, and knee. He reports improvement with home exercise. On physical examination, the injured worker's left wrist range of motion is intact and he has tenderness to palpation over the dorsal and volar aspects of the wrist. The diagnoses associated with the request include left wrist tendinopathy and arthritis. The treatment plan includes physical therapy for the left elbow and hand flare-up, gym membership and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy visits for the left wrist, 2 visits per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in January 2014 and is being treated for left upper extremity and left knee pain. Prior treatments have included physical therapy and a home exercise program. When seen, there was improvement with exercise and he was paying for access to a gym. There was cervical paraspinal muscle spasm. There was positive left shoulder impingement testing with weakness. There was left brachioradialis tenderness and pain with resisted forearm supination and pronation. There was left wrist tenderness. Authorization for physical therapy was requested. The claimant is being treated for chronic pain with no new injury, has already had physical therapy, and performs a gym based exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to revise the claimant's exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.