

Case Number:	CM15-0080169		
Date Assigned:	05/01/2015	Date of Injury:	09/17/2014
Decision Date:	06/04/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 37 year old male, who sustained an industrial injury on 9/17/2014. He reported injury from grabbing a heavy cart. The injured worker was diagnosed as having right wrist sprain/strain. Right hand/wrist magnetic resonance imaging showed tendinosis and osteoarthritis. Treatment to date has included chiropractic care, physical therapy and medication management. In a progress note dated 3/11/2015, the injured worker complains of low back pain, right shoulder pain and right wrist pain with numbness, tingling and weakness. The treating physician is requesting 18 sessions of retrospective physical therapy for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Physical Therapy for the right hand, 18 sessions: 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 therapy, Physical manipulation Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." In this case, the patient has received prior physical therapy sessions with no documentation of improvement. The most recent visit by Plastic Surgery/Hand physician on 01/13/15 requested cessation of physical therapy and further studies to evaluate the condition more thoroughly. As such, the request for Retrospective Physical Therapy or the right hand, 18 sessions is not medically necessary.