

Case Number:	CM15-0086465		
Date Assigned:	05/12/2015	Date of Injury:	11/27/2012
Decision Date:	06/12/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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 34-year-old female, who sustained an industrial injury on 11/27/2012. She reported injury from repetitive use. The injured worker was diagnosed as left dorsal compartment release. Left wrist x rays were within normal limits and electromyography (EMG) was within normal limits as well. Treatment to date has included steroid injection, home exercises, TENS (transcutaneous electrical nerve stimulation), acupuncture, paraffin baths, soft thumb splint and medication management. In a progress note dated 3/13/2015, the injured worker complains of increasing pain to the left wrist and left thumb, left wrist pain, right shoulder pain. The treating physician is requesting 12 sessions of physical therapy for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for the Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 injury in November 2012 and continues to be treated for right shoulder and left wrist and hand pain. When seen, there had been no new injury. Physical examination findings included left wrist and thumb tenderness with positive Finkelstein testing. There was right shoulder and left elbow tenderness. Acromioclavicular joint stress testing was positive. The claimant was using TENS and performing a home exercise program. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy and performs a home exercise program. Continued compliance would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. This request is not medically necessary.