

Case Number:	CM15-0240340		
Date Assigned:	12/17/2015	Date of Injury:	05/26/2014
Decision Date:	01/22/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/09/2015

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 40 year old female, who sustained an industrial injury on 5-26-14. The injured worker is diagnosed with right wrist and hand sprain/ strain. Her work status is maximum medical improvement, permanent and stationary. Notes dated 8-13-15 and 10-15-15 reveals the injured worker presented with complaints of intermittent right wrist and hand pain with occasional tingling in her right wrist. There is bilateral forearm tightness and she reports pain in her thumb joints. Her pain is rated at 4-8 out of 10. She reports pain and swelling with activities. She reports some difficulty reaching, gripping, grasping, holding and manipulating objects with her hands and pushing and pulling. Physical examinations dated 8-13-15, 9-10-15 and 10-15-15 revealed right wrist tenderness to palpation at the dorsal, palmer aspect and tenderness of the distal radioulnar joint. There is decreased range of motion, muscle wasting and weakness. The right wrist range of motion is as follows: extension 38, flexion 40, ulnar deviation 30 and radial deviation 20. Grip strength is less on the right. Treatment to date has included medications and physical therapy (7 sessions), which increased her symptoms, per note dated 9-10-15. Diagnostic studies include right elbow x-rays, right wrist MRI and upper extremities electro-diagnostic studies. A request for authorization dated 7-10-15 for right hand-wrist physical therapy 2-3 times a week for 6 weeks is non-certified, per Utilization Review letter dated 11-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks for the right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter.

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 May 2014 with an electrical injury to the right upper extremity when she was adjusting a rheostat knob on a facial steamer. An x-ray of the right wrist in August 2014 was negative. In December 2014, she started physical therapy treatments and completed seven sessions, which she discontinued as her wrist would flare up with therapy treatments. When seen in July 2015 she was having intermittent right wrist and hand pain rated at 8/10 with radiating symptoms to the right shoulder. She was having occasional tingling in the wrist and had bilateral forearm tightness. She had noted thumb pain when pressing a button at a crosswalk sign. She was noticing more pain and swelling with activities. Physical examination findings included right wrist and hand tenderness with decreased range of motion, atrophy, and weakness. There was decreased right grip strength testing. Authorization was requested for 12 sessions of physical therapy 2-3 times per week for 6 weeks with paraffin wax. She was to continue using a wrist brace. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. 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 determine whether continuation of physical therapy was likely to be any more effective than previously. The request is not medically necessary.