

Case Number:	CM14-0008796		
Date Assigned:	02/12/2014	Date of Injury:	05/16/2013
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 22-year-old female with date of injury 05/16/2013. Per treating physician's report, 10/03/2013 which is handwritten, the patient presents with right wrist pain. This report has a bunch of checkmarks next to the treatment plans and states continued treatment plan, discussed and encouraged home care, return to work, patient returned for regular care and therapy 2 times weekly. Under treatments, rendered manipulation and "PMS", rehab. Report on 09/19/2013 is the same handwritten report with a bunch of checkmarks. No additional meaningful information is provided, pretty much checkmarks next to similar things including "patient to return for regular care and therapy 2 times weekly". Another report by a different physician, [REDACTED], this time dated 08/29/2013 is also handwritten. Under subjective complaints, it has "the patient complains of right wrist pain, popping with clicking pain" with light stiffness and weakness with prolonged use. No diagnoses are listed, but it states for treatment plan, CMT instrumental/physiotherapy/rehab. The patient was to remain off of work. Other multiple reports were reviewed; they all contained handwritten checked boxes without much meaningful information. Couple of acupuncture reports is provided from 08/09/2013 and 07/10/2013. The request for physiotherapy right arm and wrist was denied by utilization review letter on 01/16/2014 with a rationale that the total number of therapy visits had completed to date was not specified. No documentation of significant residual functional deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSIOTHERAPY VISITS FOR THE RIGHT ARM AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment for Workers' Compensation, Online Edition, Chapter: Forearm, Wrist & Hand, Physical & Occupational Therapy, ODG Physical /Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8 and 98-99.

Decision rationale: This patient presents with right wrist pain, and the request is for physical therapy to the right arm and wrist. Despite review of a number of handwritten progress reports by two physicians, [REDACTED] and [REDACTED], not much meaningful information is obtained. The reports are handwritten and many of them are simple checkmarks. MTUS Guidelines allow up to 9 to 10 sessions for myalgia and myositis, the type of condition this patient suffers from. There were no clear diagnoses provided. No imaging studies and no description of injury or presenting symptoms other than wrist pain. Therefore, it is difficult to determine what exactly this patient suffers from. None of the reports discussed patient's treatment history and based on the date of injury on 05/16/2013, it would appear that the patient may have had physical therapy following the injury. However given the lack of any discussion or medical records provided, one cannot tell how much physical therapy this patient has had and with what benefit. MTUS Guidelines page 8 required that the physician provide monitoring of the patient's treatments and to make appropriate recommendations. In this case as far as handwritten reports are not very helpful. Given the lack of adequate reporting, recommendation is for denial. The request is not medically necessary and appropriate.