

Case Number:	CM14-0128745		
Date Assigned:	08/18/2014	Date of Injury:	10/08/2013
Decision Date:	09/19/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Rehabilitation 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:

The patient is a 51 year old male who was injured on 10/08/2013 when he fell onto a concrete floor while standing on an object. He injured his right wrist, hip, shoulder and cervical region. Prior treatment history has included 14 sessions of physical therapy. There are no diagnostic studies for review. Progress report dated 06/11/2014 states the patient presented with complaints of right shoulder discomfort and pain. he stated his neck continued to bother him. His right hip continued to improve and the right wrist has improved. Objective findings on exam revealed tenderness to palpation over the dorsal aspect of the wrist and over the entire dorsal aspect of the hand with edema. There is no ecchymosis. The patient is able to flex and extend the fingers without any difficulty. The forearm compartments are soft and compressible. Neurological exam revealed sensation to be intact in all dermatomes. Diagnosis is right wrist sprain. The plan is Ultracet, Naproxen, and physiotherapy two times a week for 3 weeks as per Request for Authorization dated 07/18/2014. Prior utilization review dated 08/04/2014 by [REDACTED] states the request for 6 additional Physical Therapy sessions for the right wrist, 2 times a week for 3 weeks, as an outpatient is not medically necessary. The patient has already had 14 sessions of wrist physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional Physical Therapy Sessions for the right wrist, 2 times a week for 3 weeks, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Hand and Wrist; Table 2, Summary of Recommendations, Hand and Wrist Disorders](https://www.acoempracguides.org/Hand%20and%20Wrist;Table%20Summary%20of%20Recommendations,Hand%20and%20Wrist%20Disorders).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Physical therapy.

Decision rationale: As per ODG guidelines, physical therapy (PT) is recommended as chronic pain modality of treatment for sprains/strains of the wrist as 9 visits 8 weeks, and for the carpal tunnel syndrome as 1-3 visits over 3-5 weeks. On the other hand, the recommended PT for shoulder sprain and strain is 10 visits over 8 weeks. The patient has already had 14 PT sessions and should transition to home exercise at this point. The medical necessity is not established.