

Case Number:	CM14-0180162		
Date Assigned:	11/04/2014	Date of Injury:	06/30/2000
Decision Date:	12/17/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational Medicine 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:

Patient is a 54 year-old female with date of injury 06/30/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/25/2014, lists subjective complaints as pain in the right wrist. Objective findings: Examination of the right wrist revealed pain with active range of motion. No tenderness or instability was noted. Sensory examination was normal. Phalen's test and Tinel's sign were negative. Motor exam was normal. Examination of the neck was unremarkable with no tenderness, swelling or restricted range of motion noted. Diagnosis: 1. Right wrist strain/sprain 2. Ganglion cyst 3. Neck strain. Patient has completed 12 sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 2 weeks for the neck, elbow and wrist: 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 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for

restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement with the previous therapy. Physical therapy 2 times a week for 2 weeks for the neck, elbow and wrist is not medically necessary.