

Case Number:	CM14-0184110		
Date Assigned:	11/12/2014	Date of Injury:	07/11/2012
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and MRI imaging of the right wrist of September 16, 2014, for extensive carpi ulnaris tendonitis and otherwise unremarkable. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for six sessions of physical therapy for the wrist. The claims administrator stated that the "guidelines noted below do not support physical therapy for the wrist for chronic pain" and then stated that the applicant had attended six prior sessions of physical therapy. The claims administrator invoked non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a June 25, 2014 progress note, the applicant reported a flare of wrist pain. The wrist range of motion was limited to 75% normal. The applicant was apparently working regular duty through this time. The applicant was given diagnosis of wrist tendonitis versus carpal tunnel syndrome. Voltaren gel, a short course of physical therapy, one week period of total temporary and subsequent return to regular duty work were endorsed.

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 3 weeks, right wrist: Overturned

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 Physical Medicine Page(s): 99.

Decision rationale: The six-session course of treatment proposed is simpatico with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. The applicant did respond favorably to the six prior sessions of physical therapy as evinced by her successful return to and/or maintenance of regular duty work status at Bank of America. A six-session course of treatment, thus, is indicated to combat the applicant recent acute flare and symptoms. Accordingly, the request is medically necessary.