

Case Number:	CM14-0215871		
Date Assigned:	01/05/2015	Date of Injury:	01/17/2013
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: New York

Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 57 year old female who was injured on 01/17/2013 while working as a handler for [REDACTED]. Documentation also supports a claim of cumulative trauma from 7/26/2010 through 5/8/14. She complained of re-occurring left wrist and bilateral elbow pain. Diagnoses included localized osteoarthritis of the forearm, medial epicondylitis of the elbow, closed navicular bone of the left wrist, and other wrist sprain and strain. Per a physician's progress report dated 6/16/2014, the IW stated her pain had not worsened nor improved. Physician visit dated 10/24/2014 documented on examination of right wrist she was had tenderness along the medial epicondyle area and pain with resisted wrist flexion. The elbow was noted to be stable with varus and valgus stress. Initially the IW returned to work with modifications, but on October 2014 work status was noted as temporarily totally disabled. Per documentation the injured worker had completed an unclear number of physical therapy treatments. Treatment authorization request included physical therapy 3 times a week for 2 weeks, CT scan of the left wrist with 3D reconstructions and pain medication prescription. The Utilization Review dated 12/15/2014 non-certified the request for an additional six physical therapy treatments. The reviewing physician cited CA MTUS Chronic Pain Medical Treatment and ACOEM guidelines to support the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 48, 58-60.

Decision rationale: Chronic pain treatment guidelines do not recommend manual therapy and manipulation for hand, wrist and forearm injuries. ACOEM recommends instruction for a home exercise program guided by a physical therapist. These guidelines further state manipulation has not been proven effective for hand, wrist and forearm injuries. The IW has already completed a minimum of physical therapy visits based on the records provided. This is an adequate number of visits to initiate a home exercise regimen. In addition, recommendations for ongoing physical therapy necessitates documentation of functional improvement. There is not documentation to support decreased reliance on analgesia, increased range of motion and the IW work status has remained temporarily disabled. Without documentation to show progression of function, the request for additional physical therapy is not medically necessary.