

Case Number:	CM14-0216224		
Date Assigned:	01/06/2015	Date of Injury:	07/05/2013
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/24/2014

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 complained of pain and discomfort in her left shoulder, left knee and cervical spine. The physical exam was significant for reduce range of motion of the cervical spine, + 2 spasms over the upper trapezius, bilaterally. The MRI of the left wrist was significant for ulnocarpal abutment, including mild ulnar positive variance with cystic changes within the lunate at the articulation with the ulna and extensive, full-thickness tearing of the articular disc of the triangular fibrocartilage in this region, soft tissue ganglion cyst formation arising from the extrinsic volar radiocarpal ligaments and volar aspect of the triangular fibrocartilage, moderate osteoarthritis of the first carpometacarpal joint, and mild osteoarthritis of the triscaphe joint. The EMG showed evidence of mild to moderate delay involving the left median nerve at the wrist in the carpal tunnel consistent with clinical impression of carpal tunnel syndrome as well as right median sensory nerve at the wrist in the carpal tunnel consistent with mild delay involving the median nerve at the right wrist. There is also evidence of motor axons involvement at the cervical root level. The patient was diagnosed with left shoulder strain/sprain, left elbow strain/sprain, lumbar spine strain/sprain, left knee, bilateral wrist, left hand and cervical spine strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy for the Left Wrist 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 65 & 114. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

Decision rationale: 12 physical therapy for the left wrist 2x6 is not medically necessary Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.