

Case Number:	CM14-0219093		
Date Assigned:	02/05/2015	Date of Injury:	01/16/2013
Decision Date:	03/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 47 year old male, who sustained an industrial injury on January 16, 2013. The diagnoses have included sprain of wrist and ganglion cyst. Treatment to date has included physical therapy, ice , home exercise and Non-steroidal anti-inflammatory drug . Currently, the injured worker complains of wrist pain with flexion. In a progress note dated December 9, 2014, the treating provider report is hand written and not legible. On December 15, 2014 Utilization Review non-certified a physical therapy two times a week for four weeks for the left wrist, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left wrist, 2 times a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, Physical/Occupational therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the wrist. The current request is for Physical therapy for the left wrist, 2 times a week for 4 weeks. The treating physician report dated 10/28/14 (27C) states, Needs to start PT to (Improve) ROM of wrist. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. Medical records provided, do not show that the patient has received prior PT for the left wrist. In this case, the patient presents with a sprain of the wrist, accompanied with a ganglion cyst and the physician feels that the patient's range of motion will improve with physical therapy. Furthermore, the current request for 8 PT visits is within the 8-10 sessions recommended by the MTUS guidelines. The current request satisfies the MTUS guidelines as outlined on pages 98-99. Recommendation is for authorization.