

Case Number:	CM15-0011360		
Date Assigned:	01/28/2015	Date of Injury:	06/05/2014
Decision Date:	03/24/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 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:

This 26-year-old male sustained a work-related injury to his right wrist and forearm on 6/5/2014. He reports right wrist and forearm pain. Progress notes state he was diagnosed with right wrist strain and right forearm strain. Previous treatments include Naproxen, topical analgesics and physical therapy. The treating provider requests twelve physical therapy sessions for the right forearm. The Utilization Review on 1/5/2015 non-certified twelve physical therapy sessions for the right forearm, citing CA MTUS and ODG Forearm, Wrist and Hand Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions for the right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hands (updated 11/13/14), Physical/Occupational therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Forearm, Wrist & hand

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Per the ODG guidelines: Sprains and strains of wrist and hand (ICD9 842): 9 visits over 8 weeks Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks The documentation submitted for review indicates that the injured worker was previously treated with physical therapy, however, the number of physical therapy sessions completed nor efficacy was documented. Absent such, medical necessity cannot be affirmed. Furthermore, the requested number of sessions is in excess of the guideline recommended nine.