

Case Number:	CM15-0116500		
Date Assigned:	06/24/2015	Date of Injury:	11/01/2014
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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
 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 60 year old female patient who sustained an industrial injury on 11/01/2014. A primary treating office visit dated 11/24/2014 reported the patient with subjective complaint of with mild right arm pain and no issue with the cast. The patient has not started physical therapy. She is performing exercises at home with benefit. Objective findings showed non tender at the fracture site; good motion of fingers and knee abrasions healed. There is note of mild left calf tenderness. The plan of care noted the patient to undergo an ultrasound of the left lower extremity ruling out a deep vein thrombosis. She is to continue utilizing Dendracin lotion TID. Treating diagnoses were: abrasion unspecified; contusion of the knee, and fracture distal radius. She is to remain on modified work duty through 11/17/2014. The following visit dated 12/01/2014 the treating diagnosis was: pain in joint forearm. The treatment plan noted the patient to utilize a carpal tunnel brace, begin physical therapy and follow up. Subjective complaint showed the patient with increased condition she is now experiencing numbness and tingling to the right thumb. She is using the wrist support brace without benefit. There is recommendation to seek orthopedic consultation regarding right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times four for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The patient has received 10 PT visits. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy two times four for right wrist is not medically necessary and appropriate.