

Case Number:	CM15-0126700		
Date Assigned:	07/13/2015	Date of Injury:	09/09/2014
Decision Date:	08/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on September 9, 2014. The injured worker has complaints of left wrist pain. The documentation noted on left wrist examination revealed range of motion palmar flexion 50 degrees, dorsiflexion 50 degrees and ulnar deviation 25 degrees. There is diffuse tenderness about the wrist. The diagnoses have included left upper extremity, wrist strain and possible partial scapholunate ligament tear and central perforation triangular fibrocartilage complex. Treatment to date has included physical therapy; home exercise program and a magnetic resonance imaging (MRI) of the left wrist on October 27, 2014 demonstrated probable tear through the volar aspect of the scapholunate ligament and a central perforation through the triangular fibrocartilage complex. The request was for physical therapy for the left wrist 2 times a week for 4 weeks, quantity 8 sessions.

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, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 133.

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

Decision rationale: Physical therapy in the form of passive therapy for the wrist is recommended by the MTUS Guidelines as an option for chronic wrist pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, there was at least 16 completed supervised physical therapy sessions of the left wrist following her wrist sprain which appeared to be somewhat helpful. However, this request for additional supervised physical therapy after having completed more than sufficient sessions to be able to learn and successfully perform home exercises at this point cannot be justified based on the evidence provided in the notes available for review. There was no indication that the worker was unable or unsuccessful with her home exercises for her wrist, which should be continued for best results. Therefore, the additional 8 supervised physical therapy sessions are not medically necessary.