

Case Number:	CM15-0171162		
Date Assigned:	09/11/2015	Date of Injury:	11/06/2009
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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, 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 45 year old female, who sustained an industrial injury on 11-6-09. The injured worker was diagnosed as having triangular fibrocartilage complex tear and (EMG) Electromyogram of bilateral upper extremities and (MRI) magnetic resonance imaging of right elbow within normal limits. Treatment to date has included oral medications including right wrist arthroscopic surgery, Cymbalta and Tylenol, physical therapy and activity modifications. On 6-25-15 the injured worker complained of pain in wrist, had completed 2 sessions of physical therapy and had a lot of pain following the first session and on 8-6-15, the injured worker complains of right wrist pain using Cymbalta and Tylenol and notes 12 sessions of physical therapy have helped slightly. Work status is modified duty. Objective findings on 8-6-15 noted minimal tenderness of right wrist. The treatment plan included continuation of physical therapy. On 8-17-15 utilization review non-certified 12 sessions of physical therapy noting she underwent right wrist arthroscopic debridement followed by 32 sessions of physical therapy post-operatively; 12 recent sessions of physical therapy helped slightly and the injured worker should be fully independent in the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy (PT) twelve sessions to the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition; Official Disability Guidelines (ODG) Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with right wrist pain. The current request is for Outpatient Physical Therapy 12 sessions to the bilateral upper extremities. The treating physician's report dated 08/06/2015 (8B) states, "Patient off work. Pt C6 pain has had 12 sessions of PT (helped slightly per PT) takes Cymbalta, OTC Tylenol". Physical therapy progress report from 06/19/2015 to 07/31/2015 (14B) shows 12 physical therapy visits for the right wrist with reports of increased strength and reduced scar tissue. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. In this case, while the physical therapy reports show improvement with treatment, the requested 12 sessions would exceed MTUS Guidelines. The current request is not medically necessary.