

Case Number:	CM15-0178865		
Date Assigned:	09/21/2015	Date of Injury:	09/10/2013
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 29 year old female, who sustained an industrial injury on 9-10-13. Medical record indicated the injured worker is undergoing treatment for right wrist sprain-strain, loss of sleep and other insomnia. Treatment to date has included wrist splint, Naproxen, 12 sessions of physical therapy and activity modifications. On 6-18-15 and 7-23-15, the injured worker complains of right wrist aching and sharp pain rated 6 out of 10 without medications; she does not use pain medications because she is pregnant; she also complains of loss of sleep due to pain. Physical exam performed on 6-18-15 and 7-23-15 revealed tenderness to palpation in right wrist and right hand with decreased right wrist range of motion due to pain and tenderness to palpation of lateral and medial wrist. The treatment plans included recommend no medications due to pregnancy, request for acupuncture treatment and physical therapy 2-3 times a week for 4-6 weeks. On 8-13-15, utilization review non-certified a request for physical therapy 2-3 times a week for 4-6 weeks noting guidelines recommend 9 visits over 8 weeks for sprain-strains of wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 4-6 weeks for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for right wrist and hand pain. When seen, the claimant was noted to be pregnant and was unable to take pain medications. She was having difficulty sleeping due to pain. Physical examination findings included right wrist and hand tenderness with decreased range of motion. Tinel's and Phalen's tests were positive. Authorization for up to 18 sessions of physical therapy was requested. Prior physical therapy has been provided. The claimant has a history of a first dorsal compartment release in February 2013. In terms of physical therapy for a sprain / strain of the wrist, guidelines recommend up to 9 treatment sessions over 8 weeks and the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to re-establish or revise the claimant's home exercise program. The request is not medically necessary.