

Case Number:	CM15-0021607		
Date Assigned:	03/18/2015	Date of Injury:	10/15/2009
Decision Date:	07/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/04/2015

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 68 year old male, who sustained an industrial/work injury on 10/15/09. He reported initial complaints of wrist pain. The injured worker was diagnosed as having osteoarthritis of the right hand. Treatment to date has included medication, surgery (fusion and distal ulna resection). Currently, the injured worker complains of increase in wrist pain and inflammation. Per the primary physician's progress report (PR-2) on 1/6/15, tenderness about the wrist diffusely with synovitis and effusion. Current plan of care included splinting, ice, anti-inflammatories, and a short course of therapy. The requested treatments include Physical Therapy (12 Sessions for the right hand).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12 Sessions for the right hand): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for right wrist pain. He underwent a fusion and distal ulna resection with his last surgery in 2012. When seen, he was having a flare of symptoms. There was tenderness with synovitis and a joint effusion. Recommendations included splinting and therapy. The claimant is being treated for chronic pain. There is no new specific injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.