

Case Number:	CM15-0071629		
Date Assigned:	04/21/2015	Date of Injury:	09/05/2014
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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: Preventive Medicine, Occupational Medicine

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 9/5/2014. The current diagnoses are right wrist/hand strain. Comorbid conditions include obesity (BMI 31). According to the progress report dated 3/11/2015, the injured worker complains of right wrist/hand pain. The current medications are Topamax and Tramadol. Treatment to date has included medication management, X-rays, wrist brace, physical therapy, and home exercises. The plan of care includes 6 physical therapy sessions to the right hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right hand/wrist, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 11 pg 257-60, 264-6, 270-1, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life with mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8-week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommend that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that has required physical therapy in the past and may require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations, of chronic musculoskeletal conditions, the therapy should follow the above recommendations and a good home exercise program is key to prevent recurrent flare-ups. The prior PT established a home exercise program. Since the patient is not experiencing an exacerbation of her pain, extending her initial PT beyond the above MTUS guidelines without giving good cause is not indicated at this point in this patient's care. Medical necessity for physical therapy has not necessary.