

Case Number:	CM15-0072268		
Date Assigned:	04/22/2015	Date of Injury:	08/01/2014
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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 34 year old female, who sustained an industrial injury on August 1, 2014. She has reported bilateral wrist and hand pain. Diagnoses have included left and right wrist and hand pain, sprain/strain of the wrist/hand, and left ganglion cyst. Treatment to date has included medications, splinting, and diagnostic testing. A progress note dated March 20, 2015 indicates a chief complaint of chronic pain of the bilateral wrists and hands. The treating physician documented a plan of care that included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Sessions Bilateral Hands/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, physical therapy (2) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in August 2014 and is being treated for bilateral wrist pain. Treatments have included physical therapy and as of 09/22/14 she had completed five therapy sessions. When seen, she was having ongoing chronic pain. There was bilateral wrist tenderness and mild crepitus with range of motion. Being requested is an additional 12 therapy sessions. Guidelines recommend up to nine therapy sessions over eight weeks in the treatment of this condition. In this case, the claimant has already had physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. The number of additional skilled therapy sessions being requested is in excess of the guideline recommendation. The request is therefore not medically necessary.