

Case Number:	CM15-0097109		
Date Assigned:	05/27/2015	Date of Injury:	11/22/2014
Decision Date:	06/26/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old female who sustained a work related injury November 22, 2014, while performing repetitive movements with the left hand. According to an initial orthopedic evaluation, dated February 10, 2015, the injured worker complains of pain in the left wrist and points to the ulnar carpal space as well as the dorsal aspect of the wrist. Objective findings of the left wrist included; slight swelling in the ulnar side of the wrist, tenderness of the distal ulnar carpal ligament as well as in the dorsal distal radioulnar ligament. X-rays of the left wrist are within normal limits. Diagnosis is documented as sprain of the left wrist, involving the ulnar carpal ligament and the distal radioulnar ligament. At issue, is a request for physical therapy two times a week for three weeks, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x per week x 3 weeks for left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the left wrist is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnosis is sprained left wrist involving ulnar carpal ligament and distal radioulnar ligament. The utilization review indicates the injured worker received 14 prior physical therapy sessions to the affected wrist. There are no physical therapy progress notes in the medical record. The request for authorization is dated April 7, 2015. The most recent progress note in the medical records dated February 10, 2015. There is no contemporaneous progress note in the medical record on or about the date of request for authorization (April 7, 2015). The February 10, 2015 progress note indicates additional passive physical therapy modalities including ultrasound, TENS, etc. The guidelines (ACOEM) do not recommend passive physical modalities. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent contemporaneous clinical documentation (most recent progress note February 10, 2015), prior physical therapy progress notes with evidence of objective functional improvement and compelling clinical documentation indicating additional physical therapy is warranted, physical therapy two times per week times three weeks to the left wrist is not medically necessary.