

Case Number:	CM14-0140711		
Date Assigned:	09/10/2014	Date of Injury:	06/01/1998
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 69-year-old female with a 6/1/98 date of injury. At the time (8/5/14) of request for authorization for physical therapy for the right wrist 3 times a week for 2 weeks, there is documentation of subjective (pain in the right wrist) and objective (tenderness in the dorsal aspect of the right wrist) findings, current diagnoses (sprain of wrist NEC), and treatment to date (18 visits of physical therapy). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date, and a statement of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right wrist 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Procedure Summary (updated 02/18/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Forearm/Wrist/Hand, Physical/Occupational Therapy Other Medical Treatment
Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: According to the records made available for review, this is a 69-year-old female with a 6/1/98 date of injury. At the time (8/5/14) of request for authorization for physical therapy for the right wrist 3 times a week for 2 weeks, there is documentation of subjective (pain in the right wrist) and objective (tenderness in the dorsal aspect of the right wrist) findings, current diagnoses (sprain of wrist NEC), and treatment to date (18 visits of physical therapy). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date, and a statement of exceptional factors to justify going outside of guideline parameters.