

Case Number:	CM14-0140728		
Date Assigned:	09/10/2014	Date of Injury:	04/06/2014
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
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 Physical Medicine and Rehabilitation 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:

The injured worker is a 55 year-old female who while washing dishes fell at work on 04/06/14 and injured her right arm. Later she had subsequent pain to her neck and shoulder/arm right greater than the left. She reportedly fractured her right wrist and was in a cast for 2 weeks and continued to have pain, had decreased range of motion, and decreased strength. It is indicated that the injured worker has had 12 physical therapy sessions but it was not clear for which body part this was for; there was no indication if previous physical therapy resulted in any sustained functional benefit. She has had continued pain in the right arm. On exam on 5/6/14 she had decreased range of motion (ROM) for cervical spine and lumbar spine; upper extremity deep tendon reflexes were intact; and upper extremity motor exam was essentially normal. An electrodiagnostic study done on 5/19/14 revealed a normal study and there was no electrodiagnostic evidence of focal nerve entrapment, cervical radiculopathy or generalized peripheral neuropathy affecting the upper limbs. A right wrist magnetic resonance imaging (MRI) without contrast on 07/23/14 showed half reactive marrow edema noted of the lunate, scaphoid, capitate, to a lesser degree hamate and triquetrum. The injured worker had multiple erosions identified of the carpal bones, tiny osteophytes of the radial carpal articulation, and the distal radial ulnar joint as well as the scaphoid trapezium articulation. A cervical and shoulder screen indicated neck and rotator cuff involvement. Diagnoses included contusion right shoulder and right wrist and hand. Her medications include Norco and Ibuprofen. The request for physical therapy right upper extremity two times a week times four weeks and occupational therapy right wrist two times a week times four weeks was denied on 08/20/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right upper extremity 2 times a week times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203, 265, Chronic Pain Treatment Guidelines Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/shoulder.htm>), (<http://www.odg-twc.com/odgtwc/pain.htm>)

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

Decision rationale: As per the California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines (ODG) for joint pain 9 physical therapy (PT)/occupational therapy (OT) visits over 8 weeks and also wrist/hand fractures allow 8-9 physical therapy (PT)/occupational therapy (OT) visits over 3 to 10 weeks. Per California Medical Treatment Utilization Schedule physical medicine; allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the injured worker has received 12 physical therapy (PT)/occupational therapy (OT) visits; however, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the injured worker utilizing an home exercise program (HEP). At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physical therapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

Occupational therapy right wrist 2 times a week times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203, 265, Chronic Pain Treatment Guidelines Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/shoulder.htm>), (<http://www.odg-twc.com/odgtwc/pain.htm>)

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

Decision rationale: As per the California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are

beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines (ODG) for joint pain 9 physical therapy (PT)/occupational therapy (OT) visits over 8 weeks and also wrist/hand fractures allow 8-9 physical therapy (PT)/occupational therapy (OT) visits over 3 to 10 weeks. Per the California Medical Treatment Utilization Schedule for Physical Medicine, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the injured worker has received 12 physical therapy (PT)/occupational therapy (OT) visits; however, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the injured worker utilizing an home exercise program (HEP). At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for occupational therapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.