

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0000533 |                              |            |
| <b>Date Assigned:</b> | 09/11/2013   | <b>Date of Injury:</b>       | 03/04/2013 |
| <b>Decision Date:</b> | 02/25/2014   | <b>UR Denial Date:</b>       | 05/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/31/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This 27 year-old female sustained a repetitive typing injury on 3/4/13 while employed. Requests under consideration include 1 functional capacity evaluation between 5/14/13 and 6/28/13, 18 chiropractic therapy visits between 5/14/13 and 6/28/13, and 18 physiotherapy visits between 5/14/13 and 6/28/13. Report of 4/26/13 from [REDACTED] the patient complained of a cyst on the right wrist which radiates through the right shoulder with weakness; the pain and lump on her wrist have been gradual over the past months. She was given a brace and returned to full duties. Exam showed strength Jamar grip on left 10 kilograms compared to right side of 5; possible small ganglion cyst on left wrist; TTP of dorsal wrist and muscle spasm of forearm bilaterally; decreased range of bilateral wrists; Phalen's causes pain bilaterally. Diagnoses include left wrist sprain/strain, right wrist sprain/strain; bilateral dorsal ganglion cyst, and loss of sleep. Treatment included PT, FCE, and chiropractic care which were non-certified on 5/16/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 functional capacity evaluation between 5/14/13 and 6/28/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, Online Version, Work Hardening/Work Conditioning, 4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, pgs. 137-138, and Official Disability Guidelines (ODG) Low Back, Flexibility, pgs. 423-424.

**Decision rationale:** This 27 year-old female sustained a repetitive typing injury on 3/4/13 while employed. Report of 4/26/13 from [REDACTED] the patient complained of a cyst on the right wrist which radiates through the right shoulder with weakness; the pain and lump on her wrist have been gradual over the past months. She was given a brace and returned to full duties. Exam showed strength Jamar grip on left 10 kilograms compared to right side of 5; possible small ganglion cyst on left wrist; TTP of dorsal wrist and muscle spasm of forearm bilaterally; decreased range of bilateral wrists; Phalen's causes pain bilaterally. Diagnoses include left wrist sprain/strain, right wrist sprain/strain; bilateral dorsal ganglion cyst, and loss of sleep. Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. The 1 functional capacity evaluation between 5/14/13 and 6/28/13 is not medically necessary and appropriate.

**18 chiropractic therapy visits between 5/14/13 and 6/28/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Manipulation, pg.169.

**Decision rationale:** This 27 year-old female sustained a repetitive typing injury on 3/4/13 while employed. Report of 4/26/13 from [REDACTED] the patient complained of a cyst on the right wrist which radiates through the right shoulder with weakness; the pain and lump on her wrist have been gradual over the past months. She was given a brace and returned to full duties. Exam showed strength Jamar grip on left 10 kilograms compared to right side of 5; possible small ganglion cyst on left wrist; TTP of dorsal wrist and muscle spasm of forearm bilaterally; decreased range of bilateral wrists; Phalen's causes pain bilaterally. Diagnoses include left wrist sprain/strain, right wrist sprain/strain; bilateral dorsal ganglion cyst, and loss of sleep. Per guidelines, Manual therapy & manipulation is not recommended for the forearm, wrist and hands. [REDACTED] has not submitted reports to support this treatment outside the recommendations of the guidelines for this patient with wrists sprain and strain diagnoses. The 18 chiropractic therapy visits between 5/14/13 and 6/28/13 is not medically necessary and appropriate.

**18 physiotherapy visits between 5/14/13 and 6/28/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Hand Complaints in Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004), pp. 265-266.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

**Decision rationale:** This 27 year-old female sustained a repetitive typing injury on 3/4/13 while employed. Report of 4/26/13 from [REDACTED], the patient complained of a cyst on the right wrist which radiates through the right shoulder with weakness; the pain and lump on her wrist have been gradual over the past months. She was given a brace and returned to full duties. Exam showed strength Jamar grip on left 10 kilograms compared to right side of 5; possible small ganglion cyst on left wrist; TTP of dorsal wrist and muscle spasm of forearm bilaterally; decreased range of bilateral wrists; Phalen's causes pain bilaterally. Diagnoses include left wrist sprain/strain, right wrist sprain/strain; bilateral dorsal ganglion cyst, and loss of sleep. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for 18 PT visits for diagnoses of wrists sprain/strain beyond guidelines criteria and recommendations. There are also no documented neurological deficits besides tenderness to support for formal PT. The 18 physiotherapy visits between 5/14/13 and 6/28/13 is not medically necessary and appropriate.