

Case Number:	CM13-0019005		
Date Assigned:	10/11/2013	Date of Injury:	12/24/2008
Decision Date:	01/31/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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:

The patient is a 52-year-old female with continuing left wrist pain. The patient was injured on December 24, 2008. Surgical procedures included right lateral epicondyle release on 6/7/11 and excision of dorsal ganglion on 5/29/12. She was evaluated on August 6, 2013. Request for authorization for additional physical therapy, twice weekly for 4 weeks was submitted at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks for the left wrist/hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98, 173-174, Postsurgical Treatment Guidelines Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Physical medicine treatment

Decision rationale: Chronic Pain Medical Treatment Guidelines state that 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, TENS units, ultrasound, laser

treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. Physical medicine guidelines recommend for fading of treatment frequency. ODG states that physical therapy is more effective in short-term follow up. 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 a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Post-surgical guideline for excision of dorsal ganglion is 18 visits over 6 weeks. The post-surgical treatment period is not defined and would therefore be 6 months. The patient was 15 months post-procedure on the date of request. In this case there is no documentation in the record to support the need for extended physical therapy and the patient had surpassed the length of time allowed for postsurgical physical therapy treatments.