

Case Number:	CM13-0021621		
Date Assigned:	11/13/2013	Date of Injury:	12/10/2012
Decision Date:	01/08/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

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 Ohio and Texas. 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 49-year-old female with a reported date of injury on 12/10/2012. The patient was injured while trying to stop a door from slamming after the force of the closing door bent her right thumb. The patient underwent de Quervain release of the right wrist on 04/08/2013. The patient reported a complaint of constant severe pain that was described as sharp and numbing, the patient's pain is aggravated by gripping and grasping, and doing housework, the patient's pain radiated up to the right shoulder, the patient's right wrist range of motion was decreased, and the patient had a positive bracelet test and Finkelstein's test. The patient had a negative Tinel's test, and negative Guyon test, and the patient's neurologic examination of the bilateral upper extremities was within normal limits bilaterally for deep tendon reflexes, dermatomes, and myotomes. The patient had diagnoses of tendonitis/bursitis of the right wrist and after care for surgery of the musculoskeletal system (right wrist). The provider's treatment plan included 6 sessions of conservative therapy for the right wrist. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of conservative therapy for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines physical medicine and transcutaneous electrotherapy Page(s): 98-99, 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and hand, paraffin wax baths.

Decision rationale: The California MTUS guidelines note passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The guidelines recommend the use of electrical stimulation for patients with neuropathic pain, CRPS II, Phantom limb pain, spasticity, and multiple sclerosis. ACOEM further states physical modalities, such as massage and transcutaneous electrical neurostimulation (TENS) units have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. The Official Disability Guidelines note paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Within the provided documentation, it was noted the request was specifically for electrical muscle stimulation to the right hand, paraffin to the right hand, and myofascial release to the right wrist as well as right wrist resistance training. Within the provided documentation, it is noted the patient attended 28 sessions of occupational and physical therapy status post de Quervain release of the right wrist. The provider noted the patient had an exacerbation and symptoms accompanied with decreased range of motion in the right wrist. While 6 sessions of physical therapy may be beneficial for the patient to improve right wrist range of motion, the guidelines note electrical stimulation is beneficial for patients with neuropathic pain, CRPS II, phantom limb pain, spasticity, and multiple sclerosis; per the provided documentation it did not appear the patient was diagnosed with a condition that would correlate with the recommended usages within the guidelines. The guidelines note physical modalities such as massage and electrical stimulation have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Additionally, the Official Disability Guidelines note paraffin wax baths are recommended as an option for arthritic hands, per the provided documentation it did not appear the patient had a diagnosis of arthritis in the hands. Therefore, the request for six (6) sessions of conservative therapy for the right wrist is neither medically necessary nor appropriate.