

Case Number:	CM13-0026645		
Date Assigned:	11/22/2013	Date of Injury:	11/01/2012
Decision Date:	06/02/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 reported an injury on 11/1/12. The mechanism of injury was not provided for review. Her current diagnosis is right wrist De Quervain's with tenosynovitis. The injured worker was evaluated on 6/27/13, where she reported numbness, weakness, and soreness. Physical examination revealed positive Finkelstein's testing, positive swelling, and no acute neurological changes. X-rays obtained in the office on that date indicated no acute changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY/OCCUPATIONAL THERAPY 3 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. The treatment for unspecified myalgia and myositis includes 9-10 visits over eight weeks. Treatment

for unspecified neuralgia, neuritis, and radiculitis includes 8-10 visits over four weeks. The current request for 18 sessions of physical or occupational therapy exceeds guideline recommendations. There is also no specific body part listed in the current request. As such, the request is not medically necessary.

RIGHT WRIST X-RAY, 5 VIEWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. As per the documentation submitted, there is no mention of an attempt at conservative treatment for the hand or wrist. Therefore, the current request cannot be determined as medically appropriate. There is also no evidence of an acute change or progression of symptoms or physical examination findings that would warrant the need for repeat imaging studies. As such, the request is not medically necessary.

RIGHT HAND X-RAY, 3 VIEWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. As per the documentation submitted, there is no mention of an attempt at conservative treatment for the hand or wrist. Therefore, the current request cannot be determined as medically appropriate. There is also no evidence of an acute change or progression of symptoms or physical examination findings that would warrant the need for repeat imaging studies. As such, the request is not medically necessary.

RIGHT FOREARM X-RAY, 2 VIEWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. As per the documentation submitted, there is no mention of an attempt at conservative treatment for the hand or wrist. Therefore, the current

request cannot be determined as medically appropriate. There is also no evidence of an acute change or progression of symptoms or physical examination findings that would warrant the need for repeat imaging studies. As such, the request is not medically necessary.