

Case Number:	CM13-0031383		
Date Assigned:	12/11/2013	Date of Injury:	03/29/2013
Decision Date:	04/28/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 32 year old male with a date of injury of 03/29/2013. The listed diagnoses per [REDACTED] dated 08/06/2013 are: 1. Tenosynovitis Radial Styloid- DeQuervan's Tenosynovitis (L) 2. Tendinitis hand/wrist/forearm bilateral According to report dated 08/06/2013 by [REDACTED], patient presents with bilateral wrist pain. Examination of bilateral worst showed no edema, no discoloration, no deformity, no scar or wound. Active range of motive is flexion 60/60, extension 50/50 elbow supination 90/90, radial flexion 20/20, ulnar flexion 30/30 and elbow pronation 90/90. Patient has some tenderness to flexor aspect of hand/wrist. Tinel's, Phalen's and Finklestein are all negative. Treating physician states the patient has completed 6 physical therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3, bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with bilateral wrist pain. Treating physician is requesting 6 additional physical therapy sessions for the bilateral wrists. Physical therapy reports were provided for review. This patient received a course of 6 sessions between 05/03/2013 and 05/29/2013 and another course of 6 sessions between 07/09/2013 and 07/30/2013. MTUS guidelines state for Physical Medicine states 9-10 visits for Myalgia, myositis and neuralgia type symptoms. ODG guidelines have specific guidelines for physical therapy for the forearm/wrist and hand, for Radial Styloid Tenosynovitis recommendation is for 12 visits over 8 weeks. This patient has already had a total of 12 physical therapy sessions between 05/03/2013 and 07/30/2013. The requested additional 6 sessions exceeds what is recommended by guidelines and therefore recommendation is for denial.