MAXIMUS Federal Services

Case Number:	CM13-0032557		
Date Assigned:	12/11/2013	Date of Injury:	05/05/2013
Decision Date:	05/13/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine and Pulmonary Diseases, 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 injured worker is a 60-year-old female who reported an injury on 05/05/2013. The mechanism of injury reported was overuse of right hand, wrist, and forearm. According to the clinical note dated 07/18/2013, the injured worker complained of persistent pain and sensory disturbance in the thumb of her right hand. The injured worker reported no history of surgeries. Current medications listed were NSAIDs as needed which when used on a routine basis assist with pain control. In the clinical notes provided, it was noted the injured worker has injuries to the right hand, wrist, and forearm. She has had physical therapy times 10 sessions with no symptom improvements noted in the medical documents. The clinical assessment noted right hand tendonitis, right De Quervain's tenosynovitis, right forearm strain, and possibility of right wrist peripheral nerve entrapment (carpal tunnel syndrome) given sensory disturbances over the right thenar eminence. Plan documented on the clinical note is authorization request for an EMG/NCS study for further evaluation of sensory disturbances and pain, continue current medication, and no change in work status. Further treatment considerations including trials of cortisone injections would be considered after the EMG/NCS data is available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE RIGHT FOREARM, ELBOW AND WRIST: Upheld

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

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

Decision rationale: The decision for additional physical therapy 2 times a week for 3 weeks to the right forearm, elbow, and wrist is non-certified. The California MTUS Guidelines recommend active self-directed home physical therapy with physical medicine combination for the best outcome. The guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis, 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy. The California MTUS Guidelines recommend allowing for a fading of treatment frequency, while continuing with active self-directed home physical medicine. The documentation presented for review noted that the injured worker had attended 10 visits as of 07/19/2013 without significant benefit. The guidelines support 9 to 10 visits over 8 weeks. Therefore, the request for the additional physical therapy 2 times a week for 3 weeks to the right arm, forearm, elbow, and wrist exceeds the guidelines set forth by the California MTUS and is not supported given the lack of benefit from prior therapy sessions. Therefore, the request is non-certified.