

Case Number:	CM13-0033998		
Date Assigned:	12/06/2013	Date of Injury:	05/03/2010
Decision Date:	02/07/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation 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. 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 57-year-old female who reported an injury on 05/03/2010. Her mechanism of injury was noted to be a cumulative trauma. The patient was noted to have a left carpal tunnel release and synovectomy of the left wrist as well as a prior right carpal tunnel release several years prior to this injury. The patient was noted to have bilateral wrist pain of 7/10. The patient was noted to have +3 tenderness to palpation of the anterior right shoulder. The patient was noted to have a muscle spasm of the forearm in the left wrist and +3 tenderness to palpation of the dorsal wrist. The patient was noted to have +3 tenderness to the dorsal wrist on the right wrist and a muscle spasm of the forearm. The diagnoses were noted to include bilateral carpal tunnel syndrome and a right shoulder strain/sprain. The request was made for Kinetic Activities 2xwk x6 weeks right should, left wrist, right wrist QTY 12 (dos 9/5/2013 - 12/31/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Kinetic Activities 2xwk x6 weeks right should, left wrist, right wrist QTY 12 (dos 9/5/2013 - 12/31/2013): 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 Physical Medicine Page(s): 98, 99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing of soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. Per healthline.com, kinetic activities are noted to be a specific type of physical exercise that may be integrated into physical therapy. The clinical documentation submitted for review failed to provide the necessity for continued therapy. Additionally, it failed to provide documentation of the number of sessions that the patient had participated in, the functional benefit that was received, and the remaining functional deficits. Additionally, the patient should be well versed in a home exercise program. Given the above and the lack of documentation, the request for kinetic activities 2 times a week times 6 weeks for the right shoulder, left wrist and right wrist (Quantity: 12.00) with DOS 09/05/2013 to 12/31/2013 is not medically necessary.