

Case Number:	CM13-0038882		
Date Assigned:	12/18/2013	Date of Injury:	11/27/2012
Decision Date:	02/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery and is licensed to practice in Georgia 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 37-year-old female who reported a work-related injury on 11/27/2012 as a result of a cumulative trauma/repetitive motion to the bilateral upper extremities. Subsequently, the patient is status post right first dorsal compartment incision for De Quervain's tenosynovitis as of 04/11/2013. The clinical notes document the patient had recently completed 18 sessions of physical therapy. The physical therapy daily note dated 11/22/2013 documents the patient was utilizing manual stretch, soft tissue mobilization, paraffin wax, and E-stim to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy two (2) times a week for six (6) weeks in treatment of right wrist for a total of 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence specific range of motion values about the patient's right wrist/hand to indicate any significant deficits with range of motion status post De Quervain's release

performed in 05/2013. At this point in the patient's treatment, an independent home exercise program would be indicated to address any further deficits. As California MTUS indicates, allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given the above, the request for physical therapy two (2) times a week for six (6) weeks in treatment of right wrist for a total of 12 sessions is neither medically necessary nor appropriate.

wrist flexion dynasplint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist and Hand Chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence a recent thorough physical exam of the patient's right upper extremity to support the requested durable medical equipment at this point in the patient's treatment. California MTUS/ACOEM does not specifically address this request; however, the Official Disability Guidelines indicate static progressive stretch therapy is supported for the following conditions: (1) joint stiffness caused by immobilization; (2) establish contractures on passive range of motion is restricted; and (3) healing soft tissue that can benefit from constant low intensity tension. Given the lack of documentation submitted for review evidencing a recent thorough physical exam of the patient's right upper extremity, the request for wrist flexion Dynasplint is neither medically necessary nor appropriate.