

Case Number:	CM13-0042372		
Date Assigned:	03/28/2014	Date of Injury:	01/14/2013
Decision Date:	05/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine and is licensed to practice in California and . 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 patient is a 30 year old female who was injured on 01/14/2013. She slipped and fell landing on her back and hitting the back of her head on the tub and her left wrist on the faucet. She heard a pop to her wrist and neck and immediately felt immense pain to her left wrist. Prior treatment history has included Duexis, Ketolido cream, Lyrica and Advil. Diagnostic studies reviewed include Nerve study performed on 02/04/2013 revealed essentially normal results for these electrodiagnostic studies. There is no electrophysiologic evidence for a focal neuropathy. There is no evidence for denervation on EMG with pain limited effort on recruitment testing. MR of the left wrist dated 01/31/2013 revealed mild tendinosis of the extensor carpi ulnaris and an 8-mm ganglion cyst along the volar aspect of the distal radius near the radiocarpal joint. This could be related to an underlying tear or perforation of the volar component of the scapholunate ligament. X-ray of the left wrist AP/Lateral, left hand AP/Lateral dated 01/14/2013 revealed findings that are negative for fractures and abnormalities. Additional Consultations include Cognitive Behavioral consultation dated 09/05/2013 states the patient is diagnosed with 1) Chronic pain syndrome; 2) Left wrist sprain/strain; and 3) Left wrist and hand numbness, rule out peripheral neuropathy PR2 dated 10/09/2013 documented the patient to have completed 2 of 3 CBT sessions. The patient endorsed sadness, tearfulness, and worry. She is complaining of increased pain in her wrist. Due to the patient's presentation, it is recommended that CBT be extended for an additional six sessions. Since her last session of cognitive behavioral therapy, the patient's somatic complaints have improved, pain has worsened, functional complaints have improved; Depression and anxiety has remained the same. Her tolerance for work functions, strength and endurance, and reliance on other forms of treatment has improved. PR2 dated 09/04/2013 documented the patient to have complaints of left wrist pain rated at 8/10; Oswestry is 58%. Objective complaints on exam revealed diffuse tenderness of the left wrist but she has

decreased pain on range of motion. According to the clinic note, the patient is awaiting authorizations to continue medications and to receive an inferential stimulator. The patient is instructed to continue with cognitive behavioral therapy. She was instructed that Advil should not be taken with Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS FOR THE LEFT WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: CA MTUS details guidelines for Physical Medicine: "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." Provider states patient has had only 7 sessions of PT. Not 21 as was noted in the record. In light of this information, will allow the PT as requested. This is medically necessary.