

Case Number:	CM13-0044777		
Date Assigned:	12/27/2013	Date of Injury:	05/01/2013
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 and has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 41-year-old female who reported an injury on 05/01/2013. The mechanism of injury was stated to be repetitive trauma. The patient was noted to have right hand, wrist, and finger pain at a 6/10 to 7/10. The patient was noted to have limited range of motion while lifting, bending, pushing, pulling, carrying, gripping, fine manipulation, and grasping which increased the pain. The patient's diagnosis was noted to be right hand pain and right wrist tenosynovitis. The request was made for physiotherapy 3 times a week times 4 weeks and for acupuncture 2 times a week for 6 weeks for the right hand and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 times a week for 4 weeks for the right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation the ODG web version, PT guidelines for Forearm Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Radial styloid tenosynovitis.

Decision rationale: ACOEM Guidelines indicate the treatment for hand or wrist injuries include nonprescription medications and specific hand and wrist exercises for range of motion and strengthening; however, they do not indicate the number of sessions for the specific injury. As such, a secondary guideline was sought. Official Disability Guidelines indicate that the medical treatment for radial styloid tenosynovitis is 12 visits over 8 weeks and that patients should be formally assessed after a 6 visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing physical therapy. The clinical documentation submitted for review failed to provide the necessity for 12 sessions of physiotherapy. Given the above, the request for physiotherapy 3 times a week for 4 weeks for the right hand/wrist is not medically necessary.

Acupuncture 2 times a week for 6 weeks for the right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments and the clinical documentation submitted for review failed to indicate the necessity for 12 acupuncture visits. Additionally, there was a lack of documentation indicating the patient's pain medication was reduced or not tolerated and indicating this would be used as an adjunct to physical rehabilitation to hasten functional recovery. Given the above, the request for acupuncture 2 times a week for 6 weeks for the right hand/wrist is not medically necessary.