

Case Number:	CM13-0045210		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2013
Decision Date:	02/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 is licensed to practice in 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 37 year old female with a date of injury on 06/06/2013. The mechanism of injury was repetitive activities at work entering data. She had a diagnosis of bilateral carpal tunnel syndrome and bilateral de Quervain's tenosynovitis. She had 10 physical therapy visits. On 08/06/2013 EMG/NCS of both upper extremities were normal; she did not have carpal tunnel syndrome. Thus, the diagnosis was bilateral wrist tenosynovitis which was noted on 07/22/2013 during a physical therapy visit. On 08/22/2013 she had a normal wrist range of motion bilaterally and normal wrist strength bilaterally. Sensation was normal. On 08/23/2013 it was noted that the home exercise program needed progression. On 09/19/2013 x-rays of both wrists were normal. On 10/03/2013 work restrictions were ongoing. On 10/03/2013 there was a request for 8 additional physical therapy visits. On 10/30/2013 two additional visits of physical therapy were approved. The other 6 were denied. This was appealed. She has now received 12 visits of physical therapy. Pain is continuing to limit functionality. She remains with work restrictions.

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 four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Prior to the request for 8 additional physical therapy visits, the patient already had completed 10 visits. The Official Disability Guidelines (ODG) notes a maximum of 9 visits over 8 weeks for synovitis/tenosynovitis of the wrist. At the time of the request for additional physical therapy she was 4 months after the injury and had completed 10 visits. The requested additional physical therapy was not consistent with ODG. Since the pain was giving her difficulty transitioning to a home exercise program, she was approved for 2 more visits. Additional physical therapy that was requested on 10/03/2013 was not consistent with the ODG. Furthermore, she continued on work restrictions and she continued to have pain. There is no documentation that she made any significant progress from 08/22/2013 to 10/03/2013 despite the physical therapy visits. .