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| Case Number: | CM13-0048782 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/16/2013 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 23-year-old female with an injury date of 05/16/2013. According to the 06/03/2013 progress report, the patient complains of having severe pain in her right arm which she rates as an 8/10. This pain radiates up to her right shoulder and is associated with aching, weakness, and sharp pain in her right arm. She has a limited range of motion while lifting. The patient also complains of right wrist pain which she also rates as an 8/10. This right wrist pain radiates to her right hand and fingers and is associated with aching, weakness, and sharp pain in her right wrist. She has limited range of motion while lifting. She has a positive Phalen's test and weakness of the right upper extremity. The patient's diagnoses include the following: 1. Bilateral flexor tenosynovitis, right greater than left. 2. Bilateral hand pain, right greater than left. 3. Right wrist strain. 4. Right arm strain. The utilization review determination being challenged is dated 10/22/2013. Treatment reports were provided from 06/03/2013 - 10/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSIOTHERAPY SESSIONS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: According to the 06/03/2013 progress report, the patient complains of having severe right arm pain and right wrist pain which she rates as an 8/10. The request is for 12 physiotherapy sessions for the right wrist. The 10/08/2013 chiropractic note indicates that the patient is improving, has increased her flexibility, and plans to continue her treatment plan. The treater request for physiotherapy for emphasis in a home stretching program and to decrease inflammation. There is no indication of how many total sessions of chiropractic physiotherapy the patient has had. In regards to physical therapy for the wrist/hands, ODG Guidelines recommend 12 visits over 8 weeks for patients with radial styloid tenosynovitis. In this case, it is unknown how many total sessions of physiotherapy the patient has had, nor was there any indication of improvement with the sessions that she did have. Due to lack of documentation, the request is not medically necessary and appropriate.