

Case Number:	CM13-0059292		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2011
Decision Date:	04/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Hand Surgery and is licensed to practice in 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 38-year-old female who reported an injury on 02/01/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed as status post right carpal tunnel release, rule out d'Quervain's tenosynovitis in the right wrist, status post left carpal tunnel release, cervical pain, and right shoulder pain. The patient was seen by [REDACTED] on 12/40/2013. The patient reported ongoing left wrist pain, left elbow pain, cervical pain, and right shoulder pain. The physical examination revealed tenderness to palpation with positive Finkelstein's testing. Treatment recommendations included additional physical therapy for bilateral wrists and hands as well as physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three time four for bilateral wrist, hands, and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in physical therapy. An additional request for physical therapy 3 times per week for 4 weeks for bilateral wrists and the right shoulder was submitted by [REDACTED] on 10/23/2013. There is no documentation of objective measureable improvement following the initial course of physical therapy. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the patient's physical examination only revealed tenderness to palpation of bilateral wrists with positive Finkelstein's testing. There was no documentation of a physical examination of the right shoulder. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.