

Case Number:	CM14-0003749		
Date Assigned:	02/12/2014	Date of Injury:	08/01/2012
Decision Date:	06/27/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 43-year-old male who has submitted a claim for wrist tenosynovitis associated with an industrial injury date of August 8, 2012. The patient complains of wrist pain which gets worse intermittently upon holding objects. Oral pain medications help relieve the pain by greater than 50%. Physical examination revealed tenderness over the radial aspect of the wrist and decreased muscle strength on wrist flexion and extension. The diagnosis was wrist tenosynovitis. The treatment plan includes chiropractic therapy and physical therapy for both the bilateral wrists were also requested. The patient has undergone previous physical therapy sessions for the wrists back in September 2012 with notable improvements based on a progress report dated April 2013. Treatment to date has included oral and topical analgesics, splints, physical therapy and occupational therapy. A utilization review from December 16, 2013 denied the requests for chiropractic sessions 2x4 and physical therapy 2x4 for the bilateral wrists because there is no documentation of subjective, objective or functional improvement with the performance of prior supervised rehabilitation treatment and acupuncture. There was also no medical explanation as to why the patient would not reasonably be capable of pursuing an independent home exercise program at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy And Mani.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 58.

Decision rationale: According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation is not recommended in the management of Forearm, Wrist, and Hand Complaints. In this case, the patient complains of bilateral wrist pain for which chiropractic therapy was requested. The guideline does not recommend chiropractic therapy for the wrists. There is no compelling rationale concerning the need for variance from the guidelines. In addition, the request did not specify the body part to be treated. Therefore, the request for Chiropractic sessions 2 times a week for 4 weeks is not medically necessary.

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR BILATERAL WRISTS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy And Mani.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The ODG Forearm, Wrist and Hand Chapter recommends 9 visits of physical therapy over 8 weeks for tenosynovitis. In this case, a supplemental report dated April 2, 2013 stated that the patient had completed at least 12 sessions of physical therapy for the wrists; and additional visits were requested. The total number of sessions attended and the most recent response to the treatment were not discussed. The patient has already exceeded the recommended number of visits. Moreover, it was unclear as to why the patient was still not versed to home exercises to address the residual deficits. There was no compelling rationale to warrant an additional course of treatment. The medical necessity has not been established. Therefore, the request for Physical Therapy 2 times a week for 4 weeks for Bilateral Wrists is not medically necessary.