

Case Number:	CM14-0007675		
Date Assigned:	03/07/2014	Date of Injury:	09/07/2007
Decision Date:	10/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, 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 58-year-old female with date of injury of 09/07/2007. The listed diagnoses per [REDACTED], dated 10/17/2013, are: 1. De Quervain's tenosynovitis. 2. Ulnar neuritis. 3. Cervical radiculopathy. 4. Hand pain. 5. Wrist pain. 6. Chronic pain. 7. Tendonitis. 8. Trigger finger. According to this report, the patient complains of bilateral wrist and hand pain. The patient rates her pain at 4/10 and describes it as aching, stabbing, and inadequately improved over time. The examination shows diffuse tenderness about the wrist and notable tenderness in the neck. Abduction/elevation of the shoulders creates pain radiating down the wrists and hands. Tinel's Sign is absent at the wrist but present in the ulnar cubital tunnel. Grossly weak upper extremities bilaterally. The utilization review denied the request on 11/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 4 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

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

Decision rationale: This patient presents with chronic bilateral wrist and hand pain. The treater is requesting 4 physical therapy visits. The MTUS guidelines, pages 98 and 99, on physical medicine, recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The 58 pages of records do not show a recent or prior physical therapy report to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient has recently attended 10 sessions of physical therapy with 2 recent visits for instruction in an updated home exercise program. In this case, the patient should be able to transition into a home exercise program, given that her 2 most recent visits were instruction for a home exercise program. Furthermore, the requested 4 sessions, when combined with the previous 10 that the patient recently received, would exceed MTUS Guidelines. The request is not medically necessary.