

Case Number:	CM14-0009081		
Date Assigned:	04/30/2014	Date of Injury:	09/13/2013
Decision Date:	07/08/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery, 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 records indicate the injured worker is a 47 year-old female injured on September 13, 2013. The diagnosis is associated with bilateral wrist repetitive strain. Subsequently, physical therapy for the bilateral wrist was sought. Previous injuries involve the cervical spine, bilateral shoulders, bilateral elbows, mid and low back. Multiple sessions of physical therapy have been completed. There is no noted efficacy with the completed therapy. Additional diagnoses include Carpal Tunnel Syndrome, de Quervain's Tenosynovitis and peripheral sensory changes. The work status report indicated a diagnosis of a cervical strain and multiple modalities were requested. The physician's progress note reported good strength to be decreased bilaterally and this hypertensive (140/87) individual. It was noted that the injured worker feels that there has not been any improvement with the treatment rendered. The pain level is described 8/10. Subsequent physical examination assessments noted no change in the medication usage, no change in the pain complaints (8/10), no noted efficacy or utility with the interventions completed. Multiple topical preparations were employed. The October progress notes report problems with the bilateral shoulders, bilateral elbows, bilateral wrists and hands. No improvement is noted with the physical therapy exercise completed. Assessments for range of motion have reached plateau and no improvement is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11, 265.

Decision rationale: When noting the following: date of injury, actual injury sustained to the bilateral wrists, multiple physical examination assessments noting an identical range of motion for each wrist associated with arthritic changes, no specific pathology, the fact that numerous sessions of physical therapy have already been completed and there is no objectified improvement, efficacy or utility, there is no clinical data presented to support this request. There is no evidence that any treatment intervention other than a home exercise program, and modified activity is all that is indicated as outlined in the American College of Occupational and Environmental Medicine guidelines. The request for Eight additional physical therapy sessions to bilateral wrists.