

Case Number:	CM14-0016067		
Date Assigned:	06/04/2014	Date of Injury:	05/21/2012
Decision Date:	08/01/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52 year-old with a date of injury of 05/21/12. A progress report associated with the request for services, dated 01/13/14, identified subjective complaints of pain in the right wrist, thumb, and ring finger. Objective findings included tenderness to palpation of the first dorsal compartment. Finkelstein's test was positive. Diagnoses included De Quervain's tenosynovitis right wrist and thumb and chondromalacia patella of the right knee. Treatment had included an unspecified number of physical therapy sessions. A Utilization Review determination was rendered on 01/27/14 recommending non-certification of "physical therapy, 2 times a week for 4 weeks, for the right wrist and physical therapy, 2 times a week for 4 weeks, for the right thumb".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, FOR THE RIGHT WRIST:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with ... active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. The Official Disability Guidelines (ODG) states that for hand strain and pain, 9 visits over 8 weeks are recommended. The patient has received an unspecified number of previous physical therapy sessions. An additional 8 sessions are requested, which would likely exceed the recommendation of 9 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the medical necessity for 8 additional physical therapy sessions on the right wrist has not been proved.

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, FOR THE RIGHT THUMB: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with ... active therapies at home as an extension of the treatment process in order to maintain improvement levels. Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. The Official Disability Guidelines (ODG) states that for hand strain and pain, 9 visits over 8 weeks are recommended. The patient has received an unspecified number of previous physical therapy sessions. An additional 8 sessions are requested, which would likely exceed the recommendation of 9 visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore the medical necessity for 8 additional physical therapy sessions on the right thumb has not been proved.