

Case Number:	CM14-0018608		
Date Assigned:	04/25/2014	Date of Injury:	04/20/2013
Decision Date:	07/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology and Pain 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:

The injured worker is a 43 year old male who reported an injury on 04/20/2013. The mechanism of injury was unclear in the documentation provided. The clinical note dated 12/26/2013 stated the injured worker reported weakness of the right hand especially of the right thumb associated with numbness. The injured worker also reported right wrist and hand pain radiating to the fingers associated with numbness tingling sensation, stiffness, swelling and limited motion. The injured worker reported the prescribed medication have been helping him but they physiotherapy and chiropractic treatment are not helping. The injured worker reported he felt as though his condition has remained the same. The injured worker underwent an MRI which was noted to be unremarkable, an EMG/NCV was noted to be done with no report available. The injured worker also underwent 17 sessions of physiotherapy and 5 sessions of chiropractic treatment. The physical exam noted right wrist range of motion to be at 40 degrees of flexion, the right wrist examination was positive for weakness with decreased extension and radial deviation of the thumb. The range of motion of the fingers was restricted. The provider recommended 8 additional physical therapy visits continued to include the right hand and wrist consisting of paraffin bath, use ultrasound and therapeutic exercise as well as for 4 chiropractic evaluation and treatments to the right wrist and hand. The request for authorization was provided and dated 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 10/22/13-1/16/14) FOR 8 PHYSICAL THERAPY VISITS CONTINUED TO THE RIGHT HAND AND WRIST CONSISTING OF PARAFFIN BATH, USE ULTRASOUNDS AND THERAPEUTIC EXERCISES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for retrospective request (dos: 10/22/13-1/16/14) for 8 physical therapy visits continued to the right hand and wrist consisting of paraffin bath, use ultrasounds and therapeutic exercises is non-certified. The injured worker reported weakness of the right hand especially of the right thumb associated with numbness. The injured worker also reported right wrist and hand pain radiating to the fingers associated with numbness tingling sensation, stiffness, swelling and limited motion. The injured worker reported the prescribed medication have been helping him but they physiotherapy and chiropractic treatment are not helping. The injured worker reported he felt as though his condition has remained the same. The California MTUS guidelines recommended passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. The guidelines also note for myalgia and neuralgia they recommend up to 10 visits. The clinical information provided does not meet the guidelines, the request for 8 additional visits exceeds the amount recommended of 10 visits the injured worker has had 17 sessions thus far. In addition, there is a lack of clinical findings indicating the need for additional sessions they injured worker reported the therapy was not helping and condition was still the same therefore, additional sessions would not be warranted. Given the clinical information submitted the request for retrospective request (dos: 10/22/13-1/16/14) for 8 physical therapy visits continued to the right hand and wrist consisting of paraffin bath, use ultrasounds and therapeutic exercises is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 10/22/13-1/16/14) FOR 4 CHIROPRACTIC EVAL AND TREATMENTS TO THE RIGHT WRIST AND HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

Decision rationale: The request for the retrospective request (dos: 10/22/13-1/16/14) for 4 chiropractic eval and treatments to the right wrist and hand is not medically necessary. The

injured worker reported weakness of the right hand especially of the right thumb associated with numbness. The injured worker also reported right wrist and hand pain radiating to the fingers associated with numbness tingling sensation, stiffness, swelling and limited motion. The injured worker reported the prescribed medication have been helping him but they physiotherapy and chiropractic treatment are not helping. The injured worker reported he felt as though his condition has remained the same. The California MTUS guidelines recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The guidelines do not recommend treatment for the forearm, wrist and hand. The injured worker had 5 sessions of chiropractic care treatment with no reported improvements. Given the clinical information submitted and the lack of objective clinical finding the request for retrospective request (dos: 10/22/13-1/16/14) for 4 chiropractic eval and treatments to the right wrist and hand is not medically necessary.