

Case Number:	CM14-0024420		
Date Assigned:	06/11/2014	Date of Injury:	07/16/2002
Decision Date:	07/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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 Texas. 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 59-year-old female with an industrial injury date of 7/16/2002. She has right wrist/hand pain and paresthasias. According to the documentation provided, treatment has included medications, activity modification, splint, injection, physical therapy. The patient was referred to PT in December 2013, and has completed an unknown number of sessions. X-ray of the right hand, 5/10/2013, revealed no significant abnormality. 4/15/2014 MRI of the right wrist demonstrated 1. Degenerative changes without discrete tear of the distal lamina of the triangular fibrocartilage; 2. Mild degenerative changes of the pisotriquetral and trapeziometacarpal joints; 3. Mild tendinosis of the extensor carpi ulnaris; 4. The carpal tunnel is normal. 06/07/2008 EMG/NCV of the bilateral upper extremities indicated mild grade superficial radial sensory neuropathy on the right, with no clinical correlation. The patient was seen for a follow-up evaluation on 6/16/2014, regarding right wrist pain and bilateral hand numbness and tingling. She continues with pain medications, an injection was given on the last visit. Pain is relieved by medications. Condition is improving, current care has provided 50% pain relief. Work status is modified duty. She is currently taking Prozac, Xanax, hydrochlorothiazide, atenolol, Norco, Lyrica, and multivitamins. Physical examination, the right wrist/hand shows mild swelling in the hypothenar eminence, pain is elicited to palpation of the medial/ventral aspect of the wrist, unable to complete a full fist, sensation is decreased to the small finger. A right pisotriquetral joint injection was provided on the last visit. Primary diagnosis wrist arthritis, dispensed Tramadol ER, secondary diagnosis wrist sprain/strain, continue all medications, biofreeze gel, and wrist splint support as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions (2) times per week for (4) weeks in treatment of the right wrist/hand: 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 CA MTUS guidelines recommend the following: Physical Medicine Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Apparently, the patient has attended physical therapy in the recent past. However the medical records do not document how many sessions the patient has completed and do not include any physical therapy progress notes. In addition, the PTP progress reports do not demonstrate the patient had obtained any clinically significant improvement in subjective complaints or objective findings with rendered therapy. In the absence of notable functional improvement, additional therapy is not indicated. Give the above the request is not medically necessary.