

Case Number:	CM14-0035151		
Date Assigned:	06/23/2014	Date of Injury:	02/17/2011
Decision Date:	08/13/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 51 year old female with a date of injury of 2/17/2011. Mechanism of injury is not specified. The injured worker complains of pain in the right wrist and is diagnosed with tenosynovitis of the hand and wrist, de Quervains tenosynovitis, and paresthesia, upper extremity. Physician's report dated 6/8/12 references an electromyography (EMG) performed on 8/8/11 that demonstrated mild right carpal tunnel syndrome with no electrodiagnostic evidence of cervical radiculopathy or thoracic outlet syndrome. It is noted the patient reached maximum medical improvement by 6/8/2011. Clinical note dated 10/3/13 indicated the patient had been authorized to begin physical therapy but did not indicate any visits were completed at that time. Objective findings of the right wrist revealed restricted flexion due to pain and a positive Phalen's test. Clinical note dated 12/3/13 reports the patient had completed 25 visits of physical therapy to date. Objective findings of the right wrist revealed no changes from the October visit. It is however, reported the patient had experienced functional and symptom improvement. The therapy notes from those visits are not available for review. Prior Utilization Review dated 12/6/13 indicates the total number of physical therapy visits is 30. Six additional visits had been requested and were therein denied. Initial Physical therapy Evaluation note dated 12/23/13 suggests the patient switched physical therapy centers. It is recommended the patient would benefit from a formal physical therapy program with an estimated duration of 8 weeks. Clinical note dated 2/4/14 indicates the patient had completed 3 therapy sessions to date. Most recent clinical note dated 2/25/14 indicates the patient has completed 4-5 physical therapy visits without improvement and has two sessions remaining. It is recommended the therapy be extended with another provider location. Right wrist flexion is 35, moderate tenderness is noted over the palmar surface of the right, and sensation to light touch reveals numbness over the fingertips of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 X 3 (units 6) right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: The request for additional physical therapy 2 X 3 (units 6) right wrist is not medically necessary. The documentation reveals the patient has completed no less than 30 visits of physical therapy for the right wrist as of 2/25/14. The exact number of completed sessions to date is unknown. There was only one physical therapy note available for review and as it was an initial evaluation, it did not demonstrate the injured worker's response to therapy. Significant functional improvement throughout the timeframes in which the injured worker reportedly participated in formal physical therapy programs were not noted. There is also evidence the injured worker has been educated on a home exercise program. There is no indication that the injured worker would have difficulty continuing with a home exercise program. This injured worker has exceeded the number of physical therapy visits allotted for the diagnoses included in CA MTUS. A diagnosis of Myalgia and myositis is authorized 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis is authorized 8-10 visits over 4 weeks and Reflex sympathetic dystrophy (CRPS) is authorized 24 visits over 16 weeks. Based on the clinical information submitted for review, the request for additional physical therapy 2 x 3 (units 6) right wrist is not medically necessary.