

Case Number:	CM14-0041443		
Date Assigned:	06/27/2014	Date of Injury:	06/28/2013
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 6/28/13. The patient's primary diagnosis is bilateral MCP joint osteoarthritis as well as bilateral synovial cysts. The mechanism of injury in this case was repetitive work: pushing/beating into a window frame. An initial physical therapy evaluation of 2/5/14 reported the diagnosis of de Quervain tenosynovitis. That physical therapy program shows a goal of independence with a home exercise program within three visits. On 3/25/14, the patient was seen by the primary treating orthopedic physician who reviewed the patient's history of cumulative trauma injuries for June 2012 through June 2013. The treating physician recommended treatment to include 18 visits of physical therapy to the wrist as well as continued aquatic therapy and a course of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) to the Bilateral Wrists x 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Forearm/Wrist/Hand Chapters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends allowing for the fading of treatment frequency plus active self-directed home physical medicine. These guidelines would anticipate that this patient would have previously transitioned to an independent rehabilitation. Alternatively, if additional physical therapy were indicated, the the guidelines would anticipate that the treating physician would propose methods or goals or another clinical rationale to support the need for additional supervised rather than independent home rehabilitation. These guidelines have not been met. As such, this request is not medically necessary.