

Case Number:	CM14-0044513		
Date Assigned:	07/02/2014	Date of Injury:	07/11/2011
Decision Date:	08/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation and is licensed to practice in Georgia. 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 35 year old female who was injured on 07/11/2011. The mechanism of injury is unknown. She has been treated conservatively with unknown completed sessions of physical therapy. She had x-rays of the right wrist performed on 03/21/2014 revealing no abnormal widening of the scapholunate joint. She also had an electrodiagnostic study performed on 03/05/2012 which revealed no evidence for medial, ulnar, radial neuropathy or polyneuropathy. Progress report, date unknown, states the patient complained of burning and achy pain in the right wrist and up the forearm area and palmar aspect. On exam, the right wrist reveals mild fullness over the ventral aspect of the wrist. There is tenderness to palpation of the volar aspect and extending proximally into mid forearm; FROM without pain. Her sensation is intact. The patient is diagnosed with tendinitis of the wrist and repetitive strain injury. It was recommended the patient receive hand therapy. On treatment note dated 02/13/2014, the patient was noted to have a diagnosis of tenosynovitis of the hand and wrist with pain in the forearm joint. On assessment, she had improved with reduction of symptoms and improvement in function of more than 50% since initiating therapy including the ability to perform house-chores without pain. Prior utilization review dated 03/06/2014 states the request for Physical Therapy 1 time a week for 6 weeks Bilateral Wrists is not certified due to lack of documented physical impairments and clinical details. Most of the patient's complaints are towards the right wrist and she had been recommended for hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time a week for 6 weeks Bilateral Wrists: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Forearm, Wrist, and Hand, Official Disability Preface, Physical Therapy Guidelines.

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), Physical occupational therapy, Synovitis and Tenosynovitis Other Medical Treatment Guideline or Medical Evidence:-Mirriam-Webster definition for "repetitive strain injury" (<http://www.merriam-webster.com/dictionary/repetitive%20strain%20injury>)-Subtypes of repetitive strain injury (<http://www.nhs.uk/conditions/Repetitive-strain-injury/Pages/Introduction.aspx>).

Decision rationale: As per CA MTUS guidelines, physical medicine 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 Official Disability Guidelines (ODG) recommend 9 visits over 8-weeks for general synovitis and tenosynovitis of the wrist (727.0), or 9 visits over 8-weeks for sprains and strains of the wrist and hand (842). There are no specific ODG recommendations for repetitive strain injury (849.9). Repetitive strain injury (RSI), is defined by Mirriam-Webster as: "any of various musculoskeletal disorders (as carpal tunnel syndrome or tendinitis) that are caused by cumulative damage to muscles, tendons, ligaments, nerves, or joints (as of the hand, wrist, arm, or shoulder) from highly repetitive movements and that are characterized chiefly by pain, weakness, and loss of feeling--called also cumulative trauma disorder, repetitive motion injury, repetitive stress injury, repetitive stress syndrome, RSI." RSI definitions have been further broke down into two subtypes--Type I, which involves a specific structure (e.g., carpal tunnel syndrome, DeQuervain's tenosynovitis), and Type II, which is more diffuse, sometimes referred to as nonspecific upper limb pain. As the most recent provided physician's note dated 3/21/2014 from [REDACTED] documents ICD-9 codes for tendinitis of the wrist (727.05) and repetitive strain injury (848.9), this falls under the first subtype of RSI. A request has been placed for six additional PT/OT treatments (two per week for three-weeks). To date, it appears that [REDACTED] has already had at least six hand therapy visits, per scanned OT noted dated 2/13/2014, for the diagnosis of "other tenosynovitis of the hand and wrist" (727.05). The medical records contain potentially inconsistent statements regarding whether the patient noted any improvement with the previous six OT visits, with OT treatment noted for visit #6 dated 02/13/2014 indicates the patient had "improved 50% toward their overall goal" and [REDACTED] note from 3/21/14 quoting the patient as saying she was feeling "the same with level of pain." Whether [REDACTED] was referring to her pain since discontinuing OT, or in reference to a prior visit with [REDACTED] is unclear. Records evidently available for a prior utilization review performed 3/6/2014, which included prior clinic notes from [REDACTED] from August of 2013 were not available for me to review and I am therefore unable to clarify. [REDACTED], in a letter written on an uncertain date but which was written after her prior denial of requested services from March of 2014 notes ongoing pain in bilateral wrists with "computer work (Work), cleaning, sports, or personal daily duties" which increases with level of use. Given that [REDACTED] had documented functional improvement with her previous six hand therapy

treatments, and given that she has ongoing impairment, the Official Disability Guidelines support three additional therapy visits. This is also in keeping with the recommendation in the ODG to "allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT." Based on the reviewed guidelines and the documentation provided, approval for an additional three visits of hand therapy are medically necessary.