

Case Number:	CM14-0057502		
Date Assigned:	07/09/2014	Date of Injury:	02/02/2004
Decision Date:	08/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Nevada. 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 42-year-old female who was reportedly injured on February 2, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 11, 2014, indicated that there were ongoing complaints of right wrist pain. The physical examination demonstrated tenderness over the first dorsal compartment and pain with resisted thumb extension. There was a mildly positive Finkelstein's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy. A request was made for physical therapy and an injection for the right wrist and elbow and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy six visits to right wrist and elbow.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Physical Therapy, updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines, 12 visits of physical therapy is recommended for de Quervains tenosynovitis. The medical record indicated that the injured employee has already participated in physical therapy with noted improvement. Without additional justification, this request for an additional six visits of Physical Therapy for the Right Wrist and Hand is not medically necessary.