

Case Number:	CM14-0069064		
Date Assigned:	07/14/2014	Date of Injury:	11/21/2012
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 injured worker is a 34-year-old female who reported an injury on 11/21/2012 due to cumulative trauma. Diagnosis was right wrist ganglion cyst. Past treatments had been brace, aspiration assist, physical therapy, and steroid injection. Diagnostics were magnetic resonance imaging (MRI) of the right wrist. The MRI revealed fluid between the distal radius and navicular. There was a small area of osteonecrosis characterized by a circumscribed area of decreased signal intensity. Surgical history was excision on the left wrist about a year ago. Physical examination on 05/24/2014 revealed the injured worker complained of a contralateral wrist ganglion cyst. She stated her primary care doctor attempted to aspirate, but the cyst simply recurred. Examination revealed right wrist flexion was to 60, extension was to 60, left wrist flexion was to 60, extension was to 60. Right wrist deviation radicular, was to 20 degrees, wrist deviation ulnar was to 30 degrees, left wrist deviation was to 20 degrees, wrist deviation ulnar was to 30 degrees. Motor strength was 5/5 bilaterally. Medications were not reported. Treatment plan was for surgery. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The medical necessity and rationale were not submitted to support the request. The injured worker was being seen for ganglion cyst of her wrist. The examination did not mention that the injured worker was having difficulties with her shoulders and elbows. There were no subjective complaints reported. Therefore, the request is not medically necessary and appropriate.

Physical therapy two times a week for six weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The medical necessity and rationale were not submitted to support the request. The injured worker was being seen for ganglion cyst of her wrist. The examination did not mention that the injured worker was having difficulties with her shoulders and elbows. There were no subjective complaints reported. Therefore, the request is not medically necessary and appropriate.

Physical therapy two times a week for six weeks left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum

of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The medical necessity and rationale were not submitted to support the request. The injured worker was being seen for ganglion cyst of her wrist. The examination did not mention that the injured worker was having difficulties with her shoulders and elbows. There were no subjective complaints reported. Therefore, the request the request is not medically necessary and appropriate.

Physical therapy two times a week for six weeks right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The medical necessity and rationale were not submitted to support the request. The injured worker was being seen for ganglion cyst of her wrist. The examination did not mention that the injured worker was having difficulties with her shoulders and elbows. There were no subjective complaints reported. Therefore, the request is not medically necessary and appropriate.