

Case Number:	CM13-0034568		
Date Assigned:	12/11/2013	Date of Injury:	09/01/2011
Decision Date:	02/12/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice and is licensed to practice in North Carolina. 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 has a reported date of injury of 08/29/2011. The patient has the diagnoses of right flexor carpi radialis tendonitis, right thumb basal joint arthralgia, rule out left carpal tunnel syndrome and status post right carpal tunnel release and ganglion cyst excision . Previous treatment modalities have included chiropractic care, ganglion cyst aspiration, ganglion cyst excision and left carpal tunnel release surgery. The injury occurred as a result of a fall at work. Per the most recent progress reports submitted for review from the requesting physician dated 07/29/2013, the patient had complaints of continuous dull pain in the right wrist, occasional dull pain in the left wrist and periodic severe mid-back pain. The physical exam noted tenderness in the right lexor carpi radialis and along the basal joint of the thumb, positive bilateral Phalen's sign, positive bilateral compression test and pain with range of motion in the thoracic spine. Treatment plan recommendations included MRI of the cervical, thoracic and lumbar spine, bilateral shoulders, elbows, hands, wrists and knees, MRI of the right wrist and hand, oral medications and EMG/NCV studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. They can be used sparingly with active therapies to help control swelling, pain and inflammation during therehabilitation process. Active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatmentprocess in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passivetreatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks The California MTUS does recommend physical therapy as a treatment option for chronic pain. However the amount of sessions requested is in excess of the guideline recommendations. Also, the patient has already completed a course of physical therapy previously per the progress notes. Guidelines recommend conversion to home exercise programs after a certain amount of sessions. Since the request is in excess of the amount specified in the California MTUS, the request is not certified.