

Case Number:	CM14-0204038		
Date Assigned:	12/16/2014	Date of Injury:	04/18/2006
Decision Date:	02/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/05/2014

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, has a subspecialty in Pain Medicine 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 54-year-old male, with a reported date of injury of 04/18/2008. The result of the injury was right wrist pain. The current diagnosis include right wrist pain, right wrist flexor tenosynovitis, bilateral upper extremities overuse syndrome, and compressive neuropathy of the ulnar nerve in the canal of guyon of the right wrist. The past diagnoses include right wrist pain, right wrist flexor tenosynovitis, and bilateral upper extremities overuse syndrome. Treatments have included an x-ray of the right wrist, with normal findings. The progress report (PR-2) dated 11/18/2014 indicates that the injured worker completed six (6) sessions of physical therapy. He complained of pain over the volar aspect of his right forearm. The injured worker indicated 40% improvement of his pain with physical therapy. The pain was described as sharp, which radiated from the shoulder to the bilateral hands. The pain was aggravated with repetitive movements, gripping, and grasping. An examination of the right wrist showed flexion at 60 degrees; extension at 60 degrees; radial deviation at 20 degrees; ulnar deviation at 30 degrees; and tenderness to palpation of the volar aspect of the wrist and forearm along the flexor tendons. The physical therapy report dated 10/17/2014 indicates that the injured worker complained of right wrist pain, and that his symptoms were consistent with tenosynovitis of the wrist flexor/extensors. The treating provider indicated that the injured worker would benefit from a strengthening program to allow his return to the prior level of function. On 12/01/2014, Utilization Review (UR) denied the request for eight (8) additional physical therapy visits for the right wrist. The UR physician noted that there was no documentation of significant functional deficit to support the ongoing need for physical therapy. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 Physical Therapy visits for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.