

Case Number:	CM14-0207051		
Date Assigned:	12/19/2014	Date of Injury:	10/08/2013
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 51 year old employee with date of injury of 10/8/13. Medical records indicate the patient is undergoing treatment for cervical strain, right shoulder AC joint degenerative disease, clinically; right shoulder impingement syndrome vs. rotator cuff tear and right wrist contusion, resolved and right hip contusion. Subjective complaints include neck pain that will radiate down the right shoulder and the right upper extremities. He says this pain is rated 6-8/10. Objective findings include of the cervical spine: no gross deformity or swelling. There is no tenderness to the neck, base of skull, trapezius musculature bilaterally, intrascapular space or anterior cervical musculature. Sensory exam is intact in bilateral upper extremities. Shoulder: no swelling or gross atrophy of the musculature; sensory is intact for median, ulnar and radial nerves; there is tenderness in the AC joint and lateral aspect of right shoulder; Neer's, Drop Arm, Clunk test and Apprehension test both anterior and posterior were all negative. Wrists: no swelling or gross atrophy of the musculature; no tenderness to distal ulnar, radius, radio-ulnar articulation and radio-carpal articulation of bilateral wrists. Range of motion: flexion: right, 15, left 30; extension: right 50, left 60; radial deviation: right, 12, left 20 and ulnar deviation: right, 18 and left, 30. Special tests were negative: Tinel's sign; Phalen's; Finkelsteins for DeQuervain's and Allen's. Treatment has consisted of a right AC joint corticosteroid injection and a right subacromial corticosteroid injection in the right shoulder. His current medications are as follows: Anaprox, Ultram, Amlodipine Besylate, Hydrochlorothiazide, Naproxen and Tramadol-Acetaminophen. He has started a 30 day H-wave trial. The patient had PT to the right shoulder. The utilization review determination was rendered on 12/2/14 recommending non-certification of 8 Physical Therapy 2x4 weeks for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy 2x4 weeks for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Carpal tunnel syndrome (ICD9 354.0): Medical treatment: 1-3 visits over 3-5 weeks; Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Post-surgical treatment (open): 3-8 visits over 3-5 weeks." ODG recommends for Sprains and strains of wrist and hand: 9 visits over 8 weeks. The medical records indicate a normal physical examination with all special tests negative (Phalen's, Tinel's, Allen's and Dequervain's). The treating physician notes a right wrist contusion and a normal physical exam but does not detail why physical therapy of the right wrist is needed at this time. As such, the request for 8 Physical Therapy 2x4 weeks for the right wrist is not medically necessary.