

Case Number:	CM14-0209772		
Date Assigned:	01/16/2015	Date of Injury:	12/23/2013
Decision Date:	02/19/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 is a 29 year old female with an injury date of 12/23/13. Based on the 11/04/14 progress report provided by the treating physician, the patient complains of intermittent pain to the bilateral wrists, rated 5/10, which radiate to the forearms. Physical examination to the right wrist examination revealed tenderness over the radial aspect. The range of motion was DF 70 degrees, VF 70 degrees, UD 30 degrees, and RD 5 degrees. Examination to the right forearm revealed tenderness and slight crepitus. Examination to the left elbow revealed pain at lateral epicondyle and radial side. Per treating physician report dated 09/30/14, X-ray of the bilateral hands was taken, date unspecified and results not discussed. Treating physician report dated 09/30/14 states, the patient underwent an electrodiagnostic study of the right upper extremity on 07/12/14 with findings within normal range. Per progress report dated 09/30/14, treating physician states patient treatments included Voltaren gel, heat and cold packs. Per progress report dated 11/04/14, treating physician is requesting "12 physical therapy sessions." The patient is to return on modified work. Diagnosis 11/04/14- dynamic compartment syndrome, bilateral- De Quervains, bilateral. The utilization review determination being challenged is dated 11/10/14. The rationale is "The patient to date has completed 14 physical therapy sessions..." Treatment reports were provided from 12/26/13-11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand Chapter

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

Decision rationale: The patient presents with pain to the bilateral wrists, rated 5/10, which radiates to the forearms. The request is for PHYSICAL THERAPY X12. Patient's diagnosis on 11/04/14 included bilateral dynamic compartment syndrome, and bilateral De Quervains. Per treating physician report dated 09/30/14, X-ray of the bilateral hands was taken, date unspecified and results not discussed. Treating physician report dated 09/30/14 states; the patient underwent an electrodiagnostic study of the right upper extremity on 07/12/14 with findings within normal range. Per progress report dated 09/30/14, treating physician states patient treatments included Voltaren gel, heat and cold packs. The patient is to return on modified work. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Per progress report dated 11/04/14, treating physician is requesting "12 physical therapy sessions." UR letter dated 11/10/14 states "The patient to date has completed 14 physical therapy sessions..." Treating physician does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, current request for 12 sessions combined with what was already authorized exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.