

Case Number:	CM14-0066998		
Date Assigned:	07/11/2014	Date of Injury:	03/08/2013
Decision Date:	01/09/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Texas. 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 61 year old female who was injured at work on 03/08/2013. She is reported to be experiencing increasing discomfort in the bilateral upper extremities. The physical examination revealed tenderness in the upper limbs, positive Phalen's, Finkelstein's and median compression tests; normal range of motion of the digits; positive grind test of the right thumb; decreased sensation in the median nerve distribution area; and well healed non-tender scar on the left wrist. The worker has been diagnosed of status post De Quervain's release in 2011; Left wrist carpal tunnel syndrome and tendinitis; left thumb basal joint and early degenerative joint disease; right wrist carpal tunnel syndrome and tendinitis; De Quervain's tenosynovitis; right thumb basal early joint degenerative joint disease. Treatments have included physical therapy. At dispute are the requests continued physical therapy 2 times 6 for the bilateral wrists, and Functional Capacity Evaluation study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 times 6 for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 03/08/2013. The medical records provided indicate the diagnosis of status post De Quervain's release in 2011; Left wrist carpal tunnel syndrome and tendinitis; left thumb basal joint and early degenerative joint disease; right wrist carpal tunnel syndrome and tendinitis; De Quervain's tenosynovitis; right thumb basal early joint degenerative joint disease. Treatments have included physical therapy. The medical records provided for review do not indicate a medical necessity for continued physical therapy 2 times 6 for the bilateral wrists. The medical record reviewed indicates by 03/26/14 she was on her 18 physical therapy visit and she still had six outstanding visits. MTUS recommends allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus activeSelf-directed home Physical Medicine. The total allowed number of visits for the following specified conditions is: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. Therefore, the requested treatment is not medically necessary and appropriate.

Functional Capacity Evaluation study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness or Duty, Guidelines for performing an FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Fitness For Duty>, < Functional capacity evaluation (FCE)

Decision rationale: The injured worker sustained a work related injury on 03/08/2013. The medical records provided indicate the diagnosis of status post De Quervain's release in 2011; Left wrist carpal tunnel syndrome and tendinitis; left thumb basal joint and early degenerative joint disease; right wrist carpal tunnel syndrome and tendinitis; De Quervain's tenosynovitis; right thumb basal early joint degenerative joint disease. Treatments have included physical therapy. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation study. Though the MTUS made reference to Functional Capacity Evaluation, the MTUS is not detailed; therefore, I cited the Official Disability Guidelines which is more detailed. Whereas the Official Disability Guidelines recommend that Functional Capacity evaluation be done if case management is hampered by complex issues like, prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities; and it should be done if the patient is being entered into a work hardening program; as close to maximal medical improvement as possible; the request be collaborative, and job specific; the records indicate the request for functional capacity evaluation was made when the injured worker was being requested to continue with physical therapy, indicating she was still in active treatment program and had not attained maximal medical improvement. Also, the request for functional capacity evaluation was not collaborative and job specific. Therefore, the requested evaluation is not medically necessary and appropriate.

