

Case Number:	CM15-0106475		
Date Assigned:	06/10/2015	Date of Injury:	02/14/2015
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male with an industrial injury dated 02/14/2015. The injured worker's diagnoses include DeQuervain's tenosynovitis of right wrist and right thumb metatarsophalangeal joint arthrosis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/21/2015, the injured worker reported constant pain to his right hand and thumb with cramping and weakness in his right thumb. Objective findings revealed limited range of motion of the right wrist and thumb, tenderness to palpitation over the base of the right thumb and first dorsal compartment, and positive Finkelstein test. The treating physician prescribed services for physical therapy 2 times a week for 6 weeks for the right wrist, quantity: 12 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks for the right wrist, QTY: 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for right wrist pain. When seen, there was decreased range of motion with positive Finkelstein testing. Physical therapy was requested two times per week for six weeks. Guidelines recommend up to 12 visits over 8 weeks for the treatment of this condition. In this case, the requested number of treatments is within that recommendation and is medically necessary.