

Case Number:	CM15-0194143		
Date Assigned:	10/08/2015	Date of Injury:	07/16/2015
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 7-16-2015. She reported pain and swelling in the right hand from repetitive activity. Diagnoses include right wrist strain-sprain, right thumb De Quervain's Tendonitis, and tendonitis of extensor tendons. Treatments to date include activity modification, wrist brace-thumb Spica brace, anti-inflammatory, physical therapy, and cortisone injection. On 9-4-15, she complained of ongoing pain and swelling of the right hand with radiation in the wrist and occasionally into the right shoulder and associated with hand weakness. Pain was rated 8-9 out of 10 VAS. The physical examination documented swelling of the right thumb and wrist tenderness. The Finkelstein's test was positive. There was decreased range of motion and decreased strength documented as 4 out of 5 in the right upper extremity. She was observed as unable to make a fist "with finger tips missing mid-palm by 4 cm." The provider documented previous physical therapy "has not been very helpful." The plan of care included Motrin, therapeutic cortisone injections, and ultrasound therapy. The appeal requested authorization for six (6) ultrasound therapy sessions for the right thumb tendon. The Utilization Review dated 9-21-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Ultra-sound therapy visits for the right thumb tendon: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, Online Edition, 2015, Forearm, Wrist & Hand (acute & chronic) Chapter..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, the use of therapeutic ultrasound is not recommended. Despite its continued use, there is no evidence showing that therapeutic US is more effective than placebo at improving pain in musculoskeletal conditions or promoting soft tissue healing. Therefore, the request is considered not medically necessary.