

Case Number:	CM15-0033917		
Date Assigned:	02/27/2015	Date of Injury:	08/11/2014
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old female with an industrial injury dated August 11, 2014. The injured worker diagnoses include right shoulder impingement syndrome, right shoulder sprain/strain, right elbow internal derangement, right lateral epicondylitis and right hand joint pain. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/28/2015, the treating physician noted decreased range of motion and pain in the right wrist. There was tenderness to palpitation of the dorsal wrist and volar wrist. Muscle spasms were also noted of the forearm, hypothenar and thenar. Tinel and Phalen's sign were positive. Right hand exam revealed a tender cyst over the dorsal aspect with painful range of motion. There was tenderness to palpitation of the palmar aspect of the right hand. The treating physician prescribed services for physiotherapy; six (6) sessions (1x6), right wrist and right hand and X-ray of the right wrist and right hand. Utilization Review determination on February 19, 2015 denied the request for physiotherapy; six (6) sessions (1x6), right wrist and right hand and X-ray of the right wrist and right hand, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Right Wrist and Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

Decision rationale: According to the 01/28/2015 report, this patient presents with constant severe sharp, stabbing, throbbing, burning right wrist and hand with numbness, tingling and weakness. The current request is for X-Ray of the Right Wrist and Right Hand. The request for authorization is on 01/28/2015. The patient's work status is "return to full duty on 01/28/2015 with no limitation or restrictions." Regarding wrist/hand X-ray, ACOEM guidelines, state indications for x-ray are as follow: 1. tenderness of the snuffbox -radial-dorsal wrist, 2. an acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. The medical reports provided for review indicate "there is no bruising, swelling, atrophy, or lesion present at the right wrist" and hand. In this case, the treating physician does not mention that the patient has the above indication; tenderness of the snuffbox, acute injury to the metacarpophalangeal joint of the thumb, peripheral nerve impingement, or recurrence of a symptomatic ganglion to warranted an X-ray of the wrist and hand. The current request IS NOT medically necessary.

Physiotherapy; six (6) sessions (1x6), right wrist and right hand: Upheld

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

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

Decision rationale: According to the 01/28/2015 report, this patient presents with constant severe sharp, stabbing, throbbing, burning right wrist and hand with numbness, tingling and weakness. The current request is for Physiotherapy; six (6) sessions (1x6), right wrist and right hand. There is no documentation that the patient is in a post-operative time frame regarding physical therapy. For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the provided reports show that the patient has had 10 physical therapy sessions from 11/14/2014 to 01/09/2015 with current pain level at a 7/10. In this case, given that the patient has had 10 sessions recently, the requested six additional sessions exceed what is allowed per MTUS. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.