

Case Number:	CM14-0001992		
Date Assigned:	01/24/2014	Date of Injury:	05/20/2013
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 45-year-old male who reported an injury on May 20, 2013 secondary to lifting. The clinical note dated December 9, 2013 reported the injured worker complained of constant pain to the right wrist, right thumb, and right forearm area. He reportedly stated the pain increased with lifting, pulling, pushing, turning, and twisting. The injured worker's medication regimen included Vicodin, Anaprox, omeprazole, and ketoprofen. Upon physical examination of the right wrist, range of motion was noted with 20 degrees of dorsiflexion, 60 degrees of palmar flexion, 10 degrees of radial deviation, and 20 degrees of ulnar deviation. It was also noted the injured worker had a positive Tinel's sign, positive Phalen's sign, positive reverse Phalen's sign, and paresthesias was noted. The muscle strength of the wrist was normal. The injured worker had diagnoses including post-traumatic De Quervain's syndrome of the right wrist and possible carpal tunnel syndrome of the right wrist. The treatment plan included a recommendation for continued physical therapy to the wrist. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 5 FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, FOREARM, WRIST, AND HAND COMPLAINTS, 265

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

Decision rationale: The injured worker has a history of wrist pain treated with physical therapy and medications. According to the Chronic Pain Medical Treatment Guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at nine to ten visits over 8 weeks in order to promote functional improvement. Guidelines also state injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. However, the clinical information submitted failed to provide details regarding the injured worker's previous treatment, including the number of visits completed and objective functional gains made to demonstrate the need for continued therapy. Additionally, the request for ten sessions of physical therapy would exceed the guideline recommendations. As the guidelines support nine to ten visits to promote functional improvement, in the absence of details regarding previous treatment, as well as a home exercise program, the request is not supported. The request for physical therapy for the right wrist, twice weekly for five weeks, is not medically necessary or appropriate.