

Case Number:	CM14-0162554		
Date Assigned:	10/07/2014	Date of Injury:	03/21/2014
Decision Date:	12/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 27 year old male with an injury date of 03/21/14. Based on the 03/31/14 progress report provided by treating physician, the patient complains of left wrist pain due to De Quervain's tenosynovitis. Physical examination to the left wrist revealed mild tenderness to palpation to the radial aspect of the wrist. Pain at endpoints of flexion, extension and ulnar flexion. Positive Finkelstein's. Patient states injection helped decrease the pain. Provider states in progress report dated 03/24/14, that patient complains of 10/10 pain. Per progress report dated 04/29/14, patient had 5 sessions of physical therapy. Provider states left wrist pain resolved, and patient is to return to work full duty 04/29/14. Physical therapy note dated 09/23/14 states patient has pain rated 6/10, with a plan of care for 8 visits to treat the left wrist. Diagnosis 03/31/14 is tenosynovitis hand/wrist NEC. The utilization review determination being challenged is dated 09/04/14. Treatment reports were provided from 03/21/14 - 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x8 Sessions: Upheld

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

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

Decision rationale: The patient presents with left wrist pain due to De Quervain's tenosynovitis. The request is for Physical Therapy x 8 Sessions. Physical examination to the left wrist on 03/31/14, revealed mild tenderness to palpation to the radial aspect of the wrist. Pain at endpoints of flexion, extension and ulnar flexion. Positive Finkelstein's. Provider states in progress report dated 03/24/14, that patient complains of 10/10 pain. Per progress report dated 03/31/14 patient states injection helped decrease the pain. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Provider has not documented reason for the request, nor what body part is to be treated. Per progress report dated 04/29/14, patient had 5 sessions of physical therapy. Per progress report dated 04/29/14, provider states left wrist pain resolved, and patient is to return to work full duty 04/29/14. It appears patient does not need additional physical therapy based on medical records as his symptoms have resolved. Physical therapy note dated 09/23/14 states patient has pain rated 6/10, with a plan of care for 8 visits to treat the left wrist. However, there is no discussion of flare-up's, new injury or new symptoms warranting additional treatment in treatment reports. Provider does not discuss why patient cannot move on to self-directed home exercise program. Furthermore, the requested 8 sessions would exceed what is allowed by MTUS. Therefore, this request is not medically necessary.