MAXIMUS Federal Services

Case Number:	CM14-0217971		
Date Assigned:	01/07/2015	Date of Injury:	09/03/2014
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 sustained a work related injury on September 3, 2014, developing right upper extremity pain attributed to the repetitive nature of work as an assembler. An initial [redacted] visit dated September 18, 2014, noted the injured worker wearing a right wrist brace, with pain from the right wrist to the right shoulder, with limited range of motion, tenderness to palpation and trace edema over the dorsal wrist area, and a positive De Quervain's sign. On October 29, 2014, the injured worker was seen by [redacted] with complaints of pain to the right hand and wrist radiating up to the shoulder and neck, with recommendations for physical therapy and acupuncture. An initial hand surgical consultation dated November 10, 2014, noted the injured worker with a nearly four month history of progressive right elbow and forearm pain, as well as paresthesias in the ulnar nerve distribution. The injured worker was noted to have worn a wrist splint and had five sessions of therapy, using tramadol, a muscle relaxant, and oral anti-inflammatories. Physical examination was noted to show tenderness over the lateral epicondyle and radial tunnel with pain and resisted wrist extension, middle finger extension, and forearm supination. The Physician noted tenderness over the cubital tunnel with positive Tinel and flexed elbow compression test, significant tenderness over the flexor tendons at the distal wrist, and tenderness over the ulnocarpal joint with positive ulnocarpal grind. X-rays were noted to have revealed no bony or ligamentous abnormalities. The diagnoses were listed as right lateral epicondylitis with concomitant radial tunnel syndrome, right cubital tunnel syndrome, right ulnar-sided wrist pain, and right wrist flexor tenosynovitis. The Physician requested authorization for additional physical therapy for the right wrist two times a week for

six weeks (twelve sessions).On December 12, 2014, Utilization Review evaluated the request for additional physical therapy for the right wrist two times a week for six weeks (twelve sessions), citing the MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine (ACOEM), and the Official Disability Guidelines (ODG), Treatment Index, Current Edition (Web). The UR Physician noted that the MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based on the injured worker's progress in meeting those goals, with treating physician monitoring and continued benefit of treatment important. The UR Physician noted that based on the available reports and the MTUS Guidelines, the request for additional physical therapy for the right wrist two times a week for six weeks (twelve sessions) was recommended for modification with approval for six sessions of physical therapy for the right wrist. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right wrist, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,Chronic Pain Treatment Guidelines Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist and Hand Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand (Acute & Chronic) (Not including Carpal Tunnel Syndrome)

Decision rationale: The injured worker sustained a work related injury on September 3, 2014. The medical records provided indicate the diagnosis of right lateral epicondylitis with concomitant radial tunnel syndrome, right cubital tunnel syndrome, right ulnar-sided wrist pain, and right wrist flexor tenosynovitis.The medical records provided for review do not indicate a medical necessity for Physical therapy for the right wrist, twice weekly for six weeks. The injury is about three months old, and in the boundary between subacute and chronic pain. The official Disability Guidelines guides is particularly useful before the chronic phase, while the MTUS is best suited for chronic phase of treatment. The official Disability Guidelines recommends the following number of occupational or physical therapy sessions for the various non-surgical conditions of the wrist: Radial styloid tenosynovitis (de Quervain's) Medical treatment: 12 visits over 8 weeks; Synovitis and tenosynovitis Medical treatment: 9 visits over 8 week; Sprains and strains wrist and hand ; 9 visits over 8 weeks;Ulnar nerve entrapment/Cubital tunnel syndrome Medical treatment: 14 visits over 6 weeks. From the list, cubital tunnel syndrome has the greatest number, of 14 visits over 6 weeks; but the records indicate this is non-compensable at this time. Compensable wrist condition in the report are the wirst flexor tenosynovitis and wrist ulnar wrist pain. The record indicates the worker has had 5 therapy sessions. The MTUS Physical Medicine Guidelines recommends a fading of treatment frequency (from up to 3 visits per week

to 1 or less), plus active self-directed home Physical Medicine. Therefore, the additional request for 12 sessions is not medically necessary and appropriate.