

Case Number:	CM15-0110977		
Date Assigned:	06/17/2015	Date of Injury:	02/14/2015
Decision Date:	07/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 is a 51 year old male who sustained an industrial injury on 02/14/2015 resulting in injury to right hand and thumb. His diagnoses included De Quervain's tenosynovitis, right wrist and right thumb MP joint arthrosis. A comorbid diagnosis was essential hypertension. Prior treatment included injection procedure for trigger thumb, physical therapy and medications. He presented on 04/21/2015 for follow up of above injury. Physical exam noted there was tenderness to palpation over the base of the right thumb and first dorsal compartment. Range of motion of the right wrist and thumb is limited on flexion and abduction. Finkelstein testing was positive. Tinel's and Phalen's testing was negative. Motor and sensation of both upper extremities was normal. Treatment plan included physical therapy 2 times a week for 6 weeks. A refill of medication was given to the injured worker for Tramadol and Zanaflex. The request is for physical therapy for the right wrist twice a week for three weeks.

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 a week for three weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already completed 12 physical therapy sessions related to the right wrist. According to available documentation, his pain and function levels remain the same post-physical therapy, therefore, additional physical therapy sessions are not indicated. The request for physical therapy for the right wrist twice a week for three weeks is determined to not be medically necessary.