

Case Number:	CM15-0121292		
Date Assigned:	07/09/2015	Date of Injury:	08/20/2014
Decision Date:	08/12/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female who sustained an industrial injury on 08/20/14. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, and a home exercise program. Diagnostic studies are not addressed. Current complaints include spasms of the bilateral wrists. Current diagnoses include myofascial pain syndrome and repetitive strain injury. In a progress note dated 04/28/15 the treating provider reports the plan of care as medications and acupuncture. The requested treatments include bilateral wrist splints and physical therapy treating provider the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) bilateral wrist splints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Carpal Tunnel Syndrome (Acute & Chronic) Brace (2) Forearm, Wrist, & Hand (Acute & Chronic), Splints.

Decision rationale: The claimant sustains a work injury in August 2014 and continues to be treated for bilateral wrist pain with a diagnosis of a repetitive strain injury. Treatments have included medications, acupuncture, and a home exercise program. When seen, she was performing a home exercise program one-two times per week. There was normal wrist range of motion. There was decreased strength and sensation with muscle spasms over the wrists extensors. Electrodiagnostic testing in January 2015 was negative for carpal tunnel syndrome. A splint can be recommended for treating displaced fractures, a Mallet finger, following tendon repair, when treating arthritis, or in the treatment of carpal tunnel syndrome. The claimant does not have any of these conditions. The requested bilateral wrist splints are not medically necessary.

Physical therapy 2 times a week for 4 weeks for the bilateral wrists: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustains a work injury in August 2014 and continues to be treated for bilateral wrist pain with a diagnosis of a repetitive strain injury. Treatments have included medications, acupuncture, and a home exercise program. When seen, she was performing a home exercise program one-two times per week. There was normal wrist range of motion. There was decreased strength and sensation with muscle spasms over the wrists extensors. Electrodiagnostic testing in January 2015 was negative for carpal tunnel syndrome. The claimant is being treated for chronic pain with no new injury and is already performing a home exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.