

Case Number:	CM15-0177268		
Date Assigned:	09/18/2015	Date of Injury:	06/11/2015
Decision Date:	10/21/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/09/2015

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: Physical Medicine & Rehabilitation

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 44 year old female with an industrial injury dated 06-11-2015. Medical records indicate she is being treated for right DeQuervain's tendonitis. In the 08-07-2015 progress note documentation indicates the injured worker presented for follow-up of right DeQuervain's tenosynovitis. The pain rating is documented as 8 on a pain scale of 0-10 and is constant. The progress note documents the areas that "bother her" is the index finger, web space and thumb. She was taking Ibuprofen three times daily. Objective findings are documented as "very positive on the right Finkelstein's". Range of motion of the wrist is documented as 60 for flexion and extension and 30 for ulnar deviation and 20 for radial deviation. Pain with flexion of the right wrist is documented. Work status was "modified." In the progress note dated 06-24-2015 the treatment plan included to discontinue Ibuprofen and start Mobic and a request for physical therapy two times for a total of eight sessions. Work status was documented as regular work. In the visit note dated 06-11-2015 the treatment plan was to lower her keyboard. Prior treatment included an injection for pain, anti-inflammatory and requested physical therapy. The treatment plan (08-07-2015) included physical therapy, modified work, Motrin and follow up. The provider requests for physical therapy 10 visits for the right wrist. On 08-17-2015 the request for physical therapy 10 visits for the right wrist was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 10 visits for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Record review indicates the patient has completed at least 6 PT sessions and continues to perform regular work. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficits to support for further treatment beyond the sessions already rendered. Review of submitted reports noted the patient has clinical findings of normal range, good strength with normal sensation and reflexes. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further therapy treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated necessity or indication to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that should have been transitioned to an independent home exercise program. Submitted reports have not adequately demonstrated the indication to support for the physical therapy. The Physical therapy 10 visits for the right wrist is not medically necessary and appropriate.