

Case Number:	CM15-0065533		
Date Assigned:	04/13/2015	Date of Injury:	04/01/2013
Decision Date:	05/12/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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 (IW) is a 28-year-old female who sustained an industrial injury on 04/01/2013. Diagnoses include chronic bilateral lateral epicondylitis/extensor origin tendinopathy; bilateral deQuervain's tenosynovitis; chronic bilateral wrist extensor and flexor tendinitis and status post right lateral epicondylectomy with fascial stripping, first dorsal compartment release, flexor carpi radialis tendon sheath release and radial tunnel release (2/28/14). Treatment to date has included medications, bracing, injections, surgery, physical therapy and occupational hand therapy. According to the progress notes dated 3/9/15, the IW reported constant bilateral upper extremity symptoms. She was wearing wrist braces. It was reported previous injections were helpful in relieving pain and increasing function temporarily. A request was made for bilateral hand therapy, six sessions, for bilateral deQuervain's and wrist extensor and flexor tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral hand therapy x 6 sessions for bilateral deQuervain's and wrist extensor and flexor tendinitis: Overturned

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

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 is more than two years status post work-related injury and underwent surgery in February 2014 followed by postoperative therapy. When seen, she was having chronic symptoms with and was wearing bilateral wrist braces. And was wearing bilateral wrist braces. Further surgery was being considered. The claimant is being treated for chronic wrist pain. She is more than six months status post surgery and therefore, the chronic pain treatment guidelines apply. 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 within that recommendation and therefore medically necessary.