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| Case Number: | CM15-0071992 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 10/23/2013 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 04/15/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 33 year old female, who sustained an industrial/work injury on 10/23/13. She reported initial complaints of bilateral arm and hand pain and numbness. The injured worker was diagnosed as having overuse syndrome, bilateral arm/hand pain, and neck pain. Treatment to date has included medication and physical therapy. Currently, the injured worker complains of pain in arms and hand with numbness in hands. Per the primary physician's progress report (PR-2) on 3/10/15, examination noted tenderness in right wrist, pain with wrist flexion, positive Phalen's, Finkelstein tests, and extensor tendon tender. The left wrist had swelling, tenderness, weak hand grasp, pain with wrist flexion, positive Phalen's, Finkelstein tests, and extensor tendon tenderness. Current plan of care included therapy and anti-inflammatory modalities and therapeutic exercises. The requested treatments include physical therapy for bilateral hand/ wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xwk x 4 wks for bilateral hand/ wrist pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version- Forearm Wrist and Hand.

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

Decision rationale: Physical therapy in the form of passive therapy for the wrist is recommended by the MTUS Guidelines as an option for chronic wrist pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was diagnosed with overuse syndrome involving both wrists. She was treated with physical therapy and rest as well as NSAIDs. Although the worker reported persistent pain in both wrists, continuation of supervised physical therapy is not likely to correct the condition any more than home exercises would, which there was no evidence of her not being able to perform them effectively. Also, rest is the best strategy for overuse syndromes, not long-term physical therapy which often aggravates the condition even more. Therefore, the request for 12 additional sessions of supervised physical therapy will be considered medically unnecessary.