

Case Number:	CM15-0090585		
Date Assigned:	05/14/2015	Date of Injury:	02/09/2015
Decision Date:	06/23/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 year old female, who sustained an industrial injury on 02/09/2015. She has reported subsequent bilateral forearm and trapezius pain and was diagnosed with bilateral forearm strain with tendonitis and bilateral trapezial trigger points. Treatment to date has included oral pain medication, application of heat and ice and physical therapy. In a progress note dated 04/06/2015, the injured worker complained of diffuse bilateral forearm pain as well as pain in the trapezius. Objective findings were notable for diffuse forearm tenderness with tenderness over the radial tunnel, pain with wrist extension, middle finger extension and forearm supination, tenderness over the intersection of the first and second dorsal compartments bilaterally and tenderness over the bilateral trapeziums with palpable trigger points. A request for authorization of 3 sessions of physical therapy for the bilateral wrists and purchase of bilateral hard/soft wrist splints was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of physical therapy for bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 3 sessions physical therapy to the bilateral wrists is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral forearm strain with tendinitis; and bilateral trapezial trigger points. Subjectively, according to an April 6, 2015 progress note, the injured worker presents with a two-month history of diffuse bilateral forearm pain and pain image of the trapezius. There is no documentation of carpal tunnel syndrome. The injured worker has a past medical history of bilateral De Quervain's release. Objectively, injured worker has diffuse forearm tenderness with tenderness over the radial tunnel. There is pain with resisted wrist extension, middle finger extension and forearm supination. There is tenderness over the bilateral trapezius muscle groups with palpable trigger points. The documentation indicates the injured worker had prior physical therapy. There is no documentation evidencing objective functional improvement. The injured worker should be well versed in the exercises performed physical therapy to engage in a home exercise program. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent clinical documentation with objective functional improvement of prior physical therapy and compelling clinical facts indicating additional physical therapy is warranted, 3 sessions physical therapy to the bilateral wrists is not medically necessary.

Purchase of bilateral hard/soft wrist splint #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Splinting.

Decision rationale: Pursuant to the Official Disability Guidelines, purchase bilateral hard/soft wrist splints #2 are not medically necessary. Splints are recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher splinting rather than casting. Hand splints can ease arthritis pain. Splinting is recommended (for carpal tunnel syndrome (of the wrist in a neutral position at night and day as needed, as an option conservative treatment. Use of daytime wrist splints as positive, but limited evidence. Splinting after surgery has negative evidence. In this case, the injured worker's working diagnoses are bilateral forearm strain with tendinitis; and bilateral trapezial trigger points. Subjectively, according to an April 6, 2015 progress note, the injured worker presents with a two-month history of diffuse bilateral forearm pain and pain image of the trapezius. There is no

documentation of carpal tunnel syndrome. The injured worker has a past medical history of bilateral De Quervain's release. Objectively, injured worker has diffuse forearm tenderness with tenderness over the radial tunnel. There is pain with resisted wrist extension, middle finger extension and forearm supination. There is tenderness over the bilateral trapezius muscle groups with palpable trigger points. Documentation from April 6, 2015 progress note states the injured worker has worn wrist splints in the past. The specific indication is not documented in the medical record. Splinting is recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher splinting rather than casting. Hand splints can ease arthritis pain. There is no documentation in the medical record (April 6, 2015 progress note) stating an indication or rationale for bilateral hard/soft wrist splints. Consequently, absent clinical documentation with a clinical indication and rationale for bilateral hard/soft wrist splints, purchase bilateral hard/soft wrist splints #2 are not medically necessary.