

Case Number:	CM15-0097060		
Date Assigned:	05/27/2015	Date of Injury:	08/06/2013
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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 39 year old male who sustained an industrial injury on August 6, 2013. He has reported right wrist, right hand, right upper arm, and right shoulder pain and has been diagnosed with DeQuervains tenosynovitis right wrist, contusion of scaphoid bone, by MRI right wrist, and possible ligamentous tear by triangular fibrocartilage in the medial wrist cannot be excluded on the MRI right wrist, complex regional pain syndrome, type 1 right arm, right upper extremity pain, and right shoulder pain with abnormal MRI findings. Treatment has included medical imaging, medications, casting, rest ice, elevation, physical therapy, and occupational therapy. Objective findings note the right hand continues to be mottling of the palm of the right hand. The wrist hurt and the injured worker reports having pain in the snuffbox area of the right wrist with slight thumb flexion that radiated over the dorsum of the first metacarpal. With thumb motion, the snuffbox area of the wrist hurt. Finkelstein maneuver was positive. He reports having pain in the snuffbox area of the wrist that radiates over the palmar and dorsum of the first metacarpal of the hand with fuller flexion. The treatment request included 18 occupational therapy sessions and 18 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 occupational therapy sessions: 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, occupational therapy three times per week times six months 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low-grade tearing triangular fibrocartilage right wrist; thickening radial collateral ligament at first carpometacarpal articulation consisted of low-grade injuries; complex regional pain syndrome type I; and right shoulder pain with abnormal MRI findings. The guidelines recommend 24 physical therapy sessions over 16 weeks. The initial request for 48 physical therapy sessions was modified to 14. The treating provider requested physical therapy three times per week times six months. This is equivalent to 72 physical (occupational) therapy sessions. 72 physical therapy sessions exceeds the recommended guidelines (24 visits over 16 weeks). Objectively, the documentation states no apparent acute distress. There are no physical findings addressing the right hand and right wrist. There are no compelling clinical facts in the medical record indicating additional physical therapy (over and above that number recommended by the guidelines) is clinically warranted. Consequently, absent clinical documentation with objective findings (according to the progress note dated March 17, 2015), a request for physical therapy well in excess of the recommended guidelines and no compelling clinical facts documented in the medical record indicating additional occupational therapy is warranted, occupational therapy three times per week times six months is not medically necessary.

18 physical therapy sessions: 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, physical therapy three times per week times six months 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low-grade tearing triangular fibrocartilage right wrist; thickening radial collateral ligament at first

carpometacarpal articulation consisted of low-grade injuries; complex regional pain syndrome type I; and right shoulder pain with abnormal MRI findings. The guidelines recommend 24 physical therapy sessions over 16 weeks. The initial request for 48 physical therapy sessions was modified to 14. The treating provider requested physical therapy three times per week times six months. This is equivalent to 72 physical therapy sessions. 72 physical therapy sessions exceeds the recommended guidelines (24 visits over 16 weeks). Objectively, the documentation states no apparent acute distress. There are no physical findings addressing the right hand and right wrist. There are no compelling clinical facts in the medical record indicating additional physical therapy (over and above that number recommended by the guidelines) is clinically warranted. Consequently, absent clinical documentation with objective findings (according to the progress note dated March 17, 2015), a request for physical therapy well in excess of the recommended guidelines and no compelling clinical facts documented in the medical record indicating additional occupational therapy is warranted, physical therapy three times per week times six months is not medically necessary.