

Case Number:	CM14-0142389		
Date Assigned:	09/10/2014	Date of Injury:	05/18/2014
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 23 year old female who was injured on 5/18/2014. She was diagnosed with right radial styloid tenosynovitis and right wrist sprain/strain. She was treated with ice, activity modification, and anti-inflammatory medication. A request was made by her physician on 8/12/2014 for her to complete eight sessions of physical therapy on the right arm (no progress notes were available for review from before this date). The request was denied due to missing documentation for a complete review. A progress note written by the worker's physician dated 8/26/2014 stated that she complained of right wrist and forearm pain which continued even with the use of her medication and activity modification. She also reported "upper extremity paresthesias" as reported by her physician. Physical examination of the right arm/wrist revealed tenderness of the radial styloid, positive Finkelstein's maneuver, mild swelling over first dorsal extensor compartment, reduced grip strength, normal neurological examination, and no atrophy. She was again recommended 8 sessions of physical therapy and a wrist brace/splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for four weeks (2x4) for the Right Arm: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Reed Group/The Medical Disability Advisor Official

Disability Guidelines, Integrated Treatment/Disability Duration Guidelines Official Disability Guidelines, Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand section, Physical/Occupational therapy

Decision rationale: The MTUS ACOEM Guidelines state that for forearm, wrist, and hand complaints, adjustments in the workstation, stretching, home exercises, cold and heat packs, NSAIDs, injections of lidocaine/corticosteroids, splinting may be recommended. Instructing exercise for proper technique may include a physical therapist, at least initially, in order to insure this. The ODG, goes into more detail. Physical therapy is recommended for radial styloid tenosynovitis for up to 12 visits over 8 weeks and for wrist sprain/strain up to 9 visits over 8 weeks. In the case of this worker, although some information was lacking leading up to the request, the most recent summary suggests that she had not already attempted physical therapy and as she may benefit from this therapy. Therefore, this request is medically necessary for the eight sessions requested.