

Case Number:	CM13-0023640		
Date Assigned:	12/18/2013	Date of Injury:	01/02/2013
Decision Date:	03/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Oregon. 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 physician 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:

This is a 56-year-old female who sustained an injury on 1/2/13 due to repetitive stress injury to her bilateral hands and wrists. She complains of pain in the right dorsal wrist and both elbows. She has been treated with acupuncture. She has been treated with 24 sessions of hand therapy and H-wave therapy. An additional four sessions of hand therapy are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy one (1) time a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the medical records provided for review the patient has already had 24 sessions, a number that significantly exceeds the MTUS recommended number of sessions. The surgeon's note dated 11/2/6/13 indicates that the patient has returned to work. She continues to have tenderness at the lateral epicondyle area. The records do not provide any rationale for why an additional four sessions would be beneficial or why an HEP is not sufficient for this patient.

