

Case Number:	CM13-0030055		
Date Assigned:	11/27/2013	Date of Injury:	06/28/2013
Decision Date:	02/04/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine, and is licensed to practice in Florida. 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 patient is a 45 year old male with a date of injury of 06/28/13. Relevant documents reviewed in the process of making this determination include medical records from [REDACTED]. Medical records document the patient's mechanism of injury was described as "pushing the beading into the window frame" resulting in bilateral thumb, hand and wrist pain. Subjective complaints have included constant pain over the thumbs, index fingers, and bilateral hands/wrists along with weakness, and joint stiffness. Objective findings have included decreased range of motion in the affected joints, diminished motor strength, positive Phalen's maneuver and Finkelstein's test, and tenderness to palpation of the bilateral hands, thumbs, and wrists. The pain is rated at 7/10. The patient was diagnosed with hand and wrist sprain/strain. Treatment plans per [REDACTED] on 09/10/13 include bilateral wrist therapy PT x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8, Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Procedure Summary, last updated 5/8/2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59.

Decision rationale: Per review of the Chronic Pain Medical Treatment Guidelines, 8 sessions of PT is not specifically recommended as a treatment of hand/wrist sprain/strain. Treatment Parameters from state guidelines note that time to produce effect: 4 to 6 treatments, Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. A course of PT x 8 is not medically appropriate for this patient in this context.

Physical Therapy x 8, Left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Forearm, Wrist and Hand Procedure Summary, last updated 5/8/2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59.

Decision rationale: Per review of the Chronic Pain Medical Treatment Guidelines, 8 sessions of PT is not specifically recommended as a treatment of hand/wrist sprain/strain. Treatment Parameters from state guidelines note that time to produce effect: 4 to 6 treatments, Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. A course of PT x 8 is not medically appropriate for this patient in this context.