

Case Number:	CM13-0031455		
Date Assigned:	12/04/2013	Date of Injury:	10/02/2009
Decision Date:	11/17/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 injured worker is a 67 year old female with a date of injury on 10/2/2009. She was employed as a teacher at the time of injury. Injury occurred when she tripped on a curb and sustained a twisting injury to her right leg with resultant midshaft femur fracture. She underwent open reduction and internal fixation of the right femur, and subsequent revision surgery with bone grafting and exchange nailing due to non-union. The injured worker was treated for bilateral hand tendinitis and irritation of the superficial radial nerve. She was right-hand dominant with difficulty noted in grip/grasp activities. Conservative treatment included bracing, activity modification, and 18 visits of occupational therapy. The 8/6/13 treating physician chart note documented a moderate flare-up of pain over the right radial wrist and thumb. She had made good improvement in her lumbar spine pain with physical therapy. A physical exam documented tenderness over the right thumb carpometacarpal and interphalangeal joints. The diagnosis was right thumb tenosynovitis and wrist sprain. The treatment plan recommended physical therapy 2x4 for the right wrist/thumb. The 9/13/13 utilization review denied the request for additional therapy to the right wrist and thumb as there was no documentation of current objective deficits or functional limitations requiring on-going skilled care over an independent home program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two times four for the Right Wrist and Right Thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Forearm, Wrist and Hand Procedure Summary.

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 & Hand, Physical/Occupational Therapy.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that injured workers are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the Medical Treatment Utilization Schedule (MTUS) guidelines support 9 to 10 visits for the treatment of chronic myositis/myalgia. The Official Disability Guidelines recommend 9 to 12 visits for the treatment of de Quervain's and wrist sprain. Guideline criteria have not been met. This injured worker has completed 18 visits of occupational therapy for her hands. There is no documentation of a current specific functional deficit or functional treatment goal to be addressed by additional supervised therapy. She should have a fully matured home management program in place. There is no evidence that initial home management was attempted and failed for the reported flare. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home program for the management of flares. Therefore, this request is not medically necessary.