

Case Number:	CM13-0034605		
Date Assigned:	03/19/2014	Date of Injury:	05/31/2013
Decision Date:	04/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice, has a subspecialty in Preventative Medicine and is licensed to practice in California. 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 60 year old female claimant sustained an injury on 5/31/13 resulting in wrist pain and tendonitis. The claimant had undergone therapy including E-stim, cryotherapy, ultrasound, paraffin, manual therapy and ADL training for 6 sessions in July 2013. An examination report on 10/2/13 note no objective or subjective changes with physical therapy. On 10/10/13, hand therapy was requested 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY 2 TIMES A WEEK FOR 3 WEEKS TO THE RIGHT WRIST (6):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 264, Chronic Pain Treatment Guidelines PHYSICAL MODALITIES Page(s): 98-99.

Decision rationale: Based on the guidelines, the claimant several modalities of therapy over several months. The last progress note prior to additional therapy requests indicated no further improvement from the prior therapy provided. The addition 6 visits of therapy are therefore not medically necessary.

