

Case Number:	CM13-0044929		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2011
Decision Date:	03/04/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, Maryland, Florida, and Washington, DC. 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:

The patient is a 57 year-old female who worked as a dental hygienist. She states that on 2/28/2011 she was working on a patient when the patient suddenly snapped his mouth shut onto her right hand. She was treated for right wrist/hand pain. X-rays taken were normal. Treatment included pain medications, brace, finger injections, and 18 sessions of physical therapy. An MRI dated 4/01/2011 showed severe tendinosis of the 1st extensor compartment. She is now status-post right DeQuervain's and index trigger finger release which was performed 03/06/2012. After surgery she completed another 20 physical therapy sessions. On 01/07/2013 the patient was seen by [REDACTED] where she still complained of right hand pain. An exam reported no deficits however the patient did have a very sensitive palmar scar and just medially adjacent to the scar. On 3/27/2013 the patient was seen by [REDACTED] and it was reported that on exam the right wrist and hand ROM were restricted by pain in all directions. On exam there is tenderness at the wrist/palm as well as decreased ROM. She had tenderness to palpation of the right radial wrist and palm. Physical Therapy has improved the patient's symptoms 60%. The topical cream has helped 35%. Medications include Norco, and Ketoprofen Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Section, as well as the Official Di.

Decision rationale: The Physician Reviewer's decision rationale: This patient offers complaints associated with right de Quervain' s tendonitis, right wrist pain and right hand pain. Documentation provided for review identifies the patient has completed rehabilitation thus far, but does not identify specific musculoskeletal deficits that would prevent safe and effective transition to a self directed home exercise program to support the medical necessity for additional supervised rehabilitation the guideline "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." ODG States "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." In this case there is no documentation of any grip strength issues with this patient. The request for additional physical therapy for the right hand is not medically necessary or appropriate.