

Case Number:	CM13-0048786		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2013
Decision Date:	04/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine & Rehabilitation 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 patient is a 30-year-old female who reported an injury on 03/07/2013. The patient was reportedly injured when she was assaulted by a client. The patient is currently diagnosed with ulnar collateral ligament injury in the right hand with tendinitis. The patient was recently seen by [REDACTED] on 10/30/2013. The patient reported right upper extremity pain. Physical examination revealed tenderness to palpation about the first abductor tendon and ulnar collateral ligament with intact sensation. Treatment recommendations at that time included physical therapy 3 times per week for 4 weeks to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HAND PT 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical Therapy.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state physical medicine treatment for sprains and strains of the wrist and hand includes 9 visits over 8 weeks. The current request for 12 sessions of right hand physical therapy exceeds Guideline recommendations. Additionally, the patient's physical examination only revealed tenderness to palpation. The patient has previously participated in physical therapy. However, there was no documentation of objective functional improvement. Based on the clinical information received, the request for physical therapy for the right hand 3 times per week for 4 weeks is non-certified.