

Case Number:	CM13-0051237		
Date Assigned:	04/09/2014	Date of Injury:	03/07/2013
Decision Date:	08/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 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:

This 31-year-old female caregiver sustained an industrial injury on 3/7/13. Injury occurred when a client grabbed her right upper extremity and twisted it. Plain radiographs of the right wrist and hand were unremarkable and negative for acute fracture or dislocation. The 6/3/13 right hand MRI impression documented a tiny cyst in the trapezoid suggesting degenerative change. There was no fracture or contusion. The 8/19/13 electrodiagnostic study revealed no evidence of denervative or reinnervative change. Sensory and motor conduction testing for the right upper extremity was normal. The 9/6/13 physical therapy progress report indicated that the patient had completed a total of 18 visits. Right hand pain was 9-10/10 with use and 5-6/10 with rest. There was marked loss of right pinch and grip strength as compared to the left. The 10/16/13 progress report cited continued right upper extremity pain. Physical exam documented tenderness to palpation over the 1st abductor tendon and the ulnar collateral ligament. Compartments were soft. Sensation was intact. The diagnosis was ulnar collateral ligament injury, right hand, with tendinitis. The treatment plan recommended continued thumb spica cast for an additional 2 weeks. Authorization was requested for additional right hand physical therapy 3x4. The patient remained on modified work. The 11/5/13 utilization review denied the request for physical therapy as there was no documentation of prior therapy with benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HAND PHYSICAL THERAPY: 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 Introduction, Physical medicine Page(s): 9, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & hand, Physical therapy.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the MTUS guidelines would support 9 to 10 visits for myalgia/myositis. The Official Disability Guidelines provide specific physical therapy treatment guidelines for hand/wrist ligament injuries and recommend 9 visits. Following an initial course of care, additional therapy may be supported for functional restoration with evidence of objective measurable functional improvement. Guideline criteria have not been met. The patient has completed 18 therapy visits. There is no documentation of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of reduction in the dependency on continued medical treatment consistent with functional improvement as defined by the guidelines. There is no significant reduction in pain complaints. The patient has been provided a home exercise program. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request for right hand physical therapy is not medically necessary.