

<b>Case Number:</b>	CM13-0058228		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 and 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 female patient sustained an injury on 12/8/10 while employed by [REDACTED]. The request that is under consideration includes hand therapy for the bilateral wrists three times a week for four weeks. A report dated 11/6/13 from the provider noted the patient has pain in the hands and low back. She takes medications for the pain; however, needs some form of therapy. She is pending ortho consult with hand surgeon. An exam noted effusion about the first metacarpal joint with significant tenderness in the joint; edema at the thenar eminence bilaterally; lumbar spine with muscle tenderness to palpation and restricted range of motion; muscle spasm; and positive straight leg raises bilaterally. The request for hand therapy 3x4 was non-certified citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy for the bilateral wrists three times a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 18, 98-99.

**Decision rationale:** The submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has failed conservative treatment without physiologic evidence of tissue insult, specific neurological compromise, or red-flag findings except for tenderness and edema to support treatment request for this 2010 injury. The hand therapy for the bilateral wrists three times a week for four weeks is not medically necessary and appropriate.