

Case Number:	CM13-0062193		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2013
Decision Date:	04/04/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic and Hand Surgery and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 01/31/2013. The patient reportedly strained her right hand/wrist while helping a client to get up from a recliner chair. The patient is currently diagnosed with right hand sprain, rule out tendonitis/carpal tunnel syndrome, rule out de Quervain's tenosynovitis, rule out internal derangement of the right wrist, and rule out medial epicondylitis/cubital tunnel syndrome of the right elbow. The patient was seen by [REDACTED] on 11/19/2013. The patient reported ongoing pain in the right upper extremity with swelling and numbness. Physical examination revealed visible and palpable edema of the right hand, guarded range of motion, tenderness to palpation, and positive Tinel's testing. Treatment recommendations included physical therapy once per week for 5 weeks to right hand and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy three (3) times a week for five (5) weeks to the wrist/hand:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

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 homed physical medicine. As per the documentation submitted, the patient has participated in an extensive amount of physical therapy to date. However, there is no documentation of objective measurable improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. Additionally, the request for physical therapy 3 times per week for 5 weeks exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.