

Case Number:	CM14-0005505		
Date Assigned:	03/03/2014	Date of Injury:	01/30/2013
Decision Date:	07/07/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine 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 41-year-old female who has submitted a claim for right wrist stiffness, associated with an industrial injury date of January 30, 2013. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 12/05/2013, showed right wrist has improved but stiffened without active motion. Physical examination revealed intact light touch sensation of all right hand digits. The range of motion was near full with good strength. Treatment to date has included 2 surgeries of the right wrist (6/10/2013 and 09/09/2013), 27 PT sessions of right hand (09/10/2013 to 11/08/2013) and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO HAND QTY: SIX (6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to

maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed 27 sessions of physical therapy from 09/10/2013 to 11/08/2013. A progress report, dated 12/05/2013, showed near full range of motion of right wrist but stiffened without active motion. The rationale for requesting additional PT of right hand is to continue scapular stabilization and restore maximal range of motion of right hand. The most recent objective findings of the right hand revealed strength 4+/5 and near-full range of motion. However, it is unclear why patient cannot transition into an independent home exercise program given the extensive amount of therapy sessions she had attended. Therefore, the request for additional physical therapy to right hand is not medically necessary.