

Case Number:	CM14-0006490		
Date Assigned:	02/07/2014	Date of Injury:	03/26/2013
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 59 year old female who had a work injury dated 03/26/2013. Her diagnoses include right wrist pain, right wrist tenderness, right forearm tendonitis, right wrist joint pain, right upper extremity repetitive injury, right carpal tunnel syndrome. There is a request for additional hand therapy for the right wrist/hand x 6. There is a 7/10/13 primary treating physician report that states that the patient reports that her right wrist, forearm, and upper arm complaints are improved since her last visit; she reports "on and off" complaints at this time. She is taking the Ibuprofen 200 mg, as needed with improvement in her pain. She is wearing a wrist splint on an intermittent basis. She has been referred to physical therapy and has attended 10/10 visits with improvement and discharge to an independent home exercise program; The provider states that he had a telephone call from the physical therapist to discuss that the therapist feels that the patient is fine for a trial of return to regular work and that she discussed this (in detail) with the patient who is reluctant to do so. She denies numbness/tingling or weakness in the right hand. She has not been working as modified work is not available. She had an appointment with the Orthopedic Surgeon, Upper extremity specialist on 7/8/13 whose notes were available for review by the primary treating physician and do not include a recommendation for surgical treatment or further Orthopedic Evaluation. There is a 1/13/14 physical exam that states that there are no musculoskeletal deformities. There is tenderness upon palpation of the right wrist. Muscle girth is symmetric in bilateral upper extremities. Peripheral pulses are 2+ bilaterally with normal capillary filling. There is tenderness upon palpation of the dorsal and volar wrist. There is decreased range of motion in the wrist and forearm, Muscle stretch reflexes are 1+ and symmetric bilaterally in all limbs, Clonus and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in bilateral upper extremities. Sensation is intact to light touch, pinprick,

proprioception, and vibration in bilateral upper extremities. The remainder of the visit is unchanged from the previous visits. The provider states that he is appealing the denial of the patient's physical therapy to the right hand/wrist for 6 sessions. He patient had done 8 sessions of physical therapy between April and June of 2013. The patient then did a home exercise program with no relief. The patient has been going to a hand therapist and paying out of pocket, and reports 30% pain relief with increased strength and range of motion, Additional physical therapy would build upon her improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL HAND THERAPY FOR THE RIGHT WRIST/HAND TIMES SIX:

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

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

Decision rationale: Additional hand therapy to the right wrist/hand x 6 is not medically necessary per the MTUS guidelines. Per the MTUS guidelines the patient has had the recommended amount of therapy visits (up to 10) for nonspecific myalgia. The documentation indicates that she was independent in a home exercise program. At this point there are no extenuating reasons why additional therapy that would exceed guideline recommendations is medically necessary. Therefore, the request for additional hand therapy to the right wrist/hand x 6 is not medically necessary.