

Case Number:	CM14-0013195		
Date Assigned:	02/24/2014	Date of Injury:	04/09/2002
Decision Date:	07/14/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 52-year-old female who has submitted a claim for right fourth metacarpal fracture, status post repair, and anxiety reaction associated with an industrial injury date of April 9, 2002. The medical records from 2013-2014 were reviewed, the latest of which dated February 6, 2014 revealed that the patient remains symptomatic. She has purchased a rapid release technology device on her own to reduce the pain in her wrist. On physical examination, there is a well healed scar over the dorsum of the right wrist. There is tenderness over the fourth metacarpal bone on the right wrist. On the clinical evaluation dated December 19, 2013, the patient continuous right wrist/hand pain. She has weakness in her right hand and has dropped several objects. Her pain increases with gripping, grasping, flexing/extending, rotating and repetitive hand and finger movements. The patient has a history of attention deficit hyperactivity disorder (ADHD), and anxiety. The treatment to date has included unspecified right hand surgery (2002), removal of hardware (2007), physical therapy, splint, and medications. A utilization review from January 3, 2014 denied the requests for hand therapy three (3) times a week for four (4) weeks, right hand and psychological evaluation because there is no full data for any psychological evaluation or hand therapy. The physical examination only reveals stable findings, without any specific deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAND THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS, RIGHT HAND: Upheld

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

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

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. In this case, the patient had an unspecified right hand surgery in 2002 and removal of hardware in 2007. She had postsurgical physical therapy; however, the total number of physical therapy sessions received is unknown due to lack of documentation. The patient was status quo until October 2013 when there was pain exacerbation of the right hand, accompanied by tenderness. However, physical examination revealed normal strength, range of motion, and negative provocative tests. The patient's subjective complaints were not supported by objective findings. The medical necessity was not established. Therefore, the request for hand therapy three (3) times a week for four (4) weeks, right hand is not medically necessary.

PSYCHOLOGICAL EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. In this case, psychological evaluation was requested to address her psychological issues and determine if they are related to her work injury. The patient has a history of attention deficit hyperactivity disorder (ADHD) and anxiety; however, the most recent clinical evaluation contains no subjective and objective finding that warrants further investigation with psychological evaluation. Therefore, the request for psychological evaluation is not medically necessary.