

Case Number:	CM14-0014482		
Date Assigned:	02/28/2014	Date of Injury:	10/03/2010
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/05/2014

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 & 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:

According to the records made available for review, this is a 63-year-old female with a 10/3/10 date of injury. At the time (12/23/13) of request for authorization for therapeutic exercises, there is documentation of subjective (bilateral thumb/hand pain) and objective (tenderness in the first dorsal compartment, thumb joints, and radial styloid, positive Finkelsteins, and painful scaphoid shift test) findings, current diagnoses (bilateral thumb STT joint arthritis and De Quervain's tenosynovitis), and treatment to date (6 physical therapy sessions completed to date with no improvement or worsening noted). Medical records provided for review identify a treatment plan recommending hand therapy. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERPAY VISITS BILATERAL HANDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Forearm, Wrist, & Hand, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. The ODG recommends a limited course of physical therapy for patients with a diagnosis of De Quervain's not to exceed 12 visits over 8 weeks. The ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When a treatment request exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of bilateral thumb STT joint arthritis and De Quervain's tenosynovitis. In addition, there is documentation of a treatment plan recommending hand therapy and 6 physical therapy visits completed to date. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.