

Case Number:	CM14-0120813		
Date Assigned:	08/06/2014	Date of Injury:	08/27/2012
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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, 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 underlying date of injury in this case is 08/27/2012. The patient's diagnoses include left lateral epicondylitis and a right hand middle finger trigger finger as well as left wrist de Quervain's tenosynovitis. On 02/04/2014, the primary treating physician saw the patient in followup for injury, which was described as causing insidious onset of pain in the bilateral hands and left elbow due to repetitive chopping, gripping, grasping, and cutting while working as a cook. The patient was noted to have been treated for her right hand middle finger trigger finger with physical therapy and acupuncture as well as oral anti-inflammatory medications and injection to the right hand and middle finger A1 pulley. The patient was currently one week status post left wrist surgery with well-controlled pain. Physical therapy was recommended at that time, presumably status post wrist surgery. An initial physician review discusses a followup report of 06/17/2014 which was not available as part of this independent medical review. That physician report states that the physician followup did not discuss the outcome of that treatment or a rationale for additional therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Finger/Hand, 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The MTUS guidelines on physical therapy, recommend transition to an independent active home rehabilitation program. The medical records at this time do not provide a rationale as to why this patient would need additional supervised rather than independent home rehabilitation. This request is not medically necessary.