

Case Number:	CM14-0124373		
Date Assigned:	08/08/2014	Date of Injury:	01/07/2014
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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 Interventional Spine 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 48 year old female with an injury date of 01/07/14. Per the 07/04/14 treatment report, the patient presents with right hand pain. The pain has lessened. The right hand is still tight and she can form a limited fist. She is working with limited duties. She has completed 18 of 18 physical therapy sessions (from 03/05/14 to 07/09/14), and along with corticosteroid injection has improved. The condition now appears plateaued. NCS/EMG was completed on 07/08/14. The patient's diagnosis includes Right hand flexor tenosynovitis, improved. [REDACTED], is requesting for 6 (2x3 weeks) physical therapy sessions. The utilization review letter being challenged is dated 07/16/14. The rationale is that after 18 physical therapy sessions since the injury, the patient has exceeded the recommended visits per the medical guideline. No documentation of significant, subjective, objective and functional improvement from the completed therapy sessions was provided. Treatment reports from 02/07/14 to 07/09/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy - Right Wrist/ Hand 2 x 3 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand Procedure.

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

Decision rationale: The patient presents with right hand pain. The condition appears plateaued. The provider requests for six (2x3 weeks) physical therapy sessions per 7/4/14. The patient received 18 physical therapy sessions over the period 03/05/14 to 07/09/14. The MTUS guidelines pages 98, 99 state that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the provider does not discuss what is to be achieved with additional therapy and why home exercises are inadequate. There are no new diagnosis and no new injury. The patient's current function following recent therapy course is not discussed either. It would appear that the patient has had adequate therapy. Therefore, the request is not medically necessary.