

Case Number:	CM14-0125843		
Date Assigned:	08/13/2014	Date of Injury:	10/15/2011
Decision Date:	09/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Pain 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 injured worker is a 44 year old female who reported injury on 10/15/2011 when she hit a dip in the road while driving. Diagnoses included a right hand strain. Prior treatments included occupational therapy. Diagnostic studies included an x-ray of the right hand which was performed 04/23/2014. The progress note dated 04/23/2014, noted the injured worker complained of right thenar pain, rated an 8/10, and recurrent swelling to the right hand. The physical exam revealed minimal gross swelling, right thenar tenderness, full range of motion and negative Tinel's sign. The treatment plan included Ultram and Naprosyn, ice pack, occupational therapy twice a week for 3 weeks, and modified work restrictions. On 05/16/2104, the progress report noted a complaint of pain rated 3-5/10, and right thenar stiffness without numbness or weakness. The physical exam revealed no swelling, and a negative Tinel's sign. The injured worker had full range of motion of the wrist and motor strength was 5/5. Medications included Naprosyn and Ultram. The treatment plan included an orthopedic referral, occupational therapy, and modified work restrictions. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 3x3 Qty: 9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for hand therapy 3x3 qty 9 is not medically necessary. The injured worker has pain to her right hand, full range of motion, and 5/5 strength. The California MTUS guidelines recommend physical medicine (occupational or physical therapy) to restore flexibility, strength, endurance, function, and range of motion. The guidelines also outline treatment for 9-10 visits over 8 weeks, and to continue active therapies at home as an extension of the treatment process. The documentation provided for review indicates the injured worker attended occupational therapy. The number of visits, dates attended, and the outcome of the therapy were not documented. There were no measurable functional limitations present per the provided documentation. Due to the lack of documentation of functional limitations, the lack of documentation of previous therapy, and the lack of documentation of the efficacy of previous therapy, the request for 9 more visits of hand therapy would not be indicated. Therefore, the request is not medically necessary.