

Case Number:	CM14-0156745		
Date Assigned:	09/26/2014	Date of Injury:	01/07/2013
Decision Date:	11/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/24/2014

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:

This is a patient with a date of injury of January 7, 2013. A utilization review determination dated August 28, 2014 recommends noncertification of hand therapy. Noncertification was recommended due to a lack of documentation of functional deficits. A progress report dated August 12, 2014 identifies subjective complaints indicating that the patient underwent bilateral carpal tunnel release in June and September 2013 with residual hand pain on the right side. The note indicates that the patient has had therapy and operative treatment previously. Physical examination findings identify tenderness at the interosseous spaces between the 3rd and 4th and 4th and 5th metacarpal shafts with full active and passive range of motion and no intrinsic muscle weakness. Diagnosis is right-hand tendinitis and intrinsic deconditioning. The treatment plan recommends 12 sessions of therapy and continuing anti-inflammatories. A physical therapy progress note dated February 28, 2014 indicates that the patient has completed 2 out of 8 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of hand therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), Physical/Occupational Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 9 therapy visits for the treatment of tenosynovitis. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by ODG. In the absence of such documentation, the current request for physical therapy is not medically necessary.