MAXIMUS Federal Services

Case Number:	CM14-0184206		
Date Assigned:	11/12/2014	Date of Injury:	01/01/2007
Decision Date:	12/15/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal 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 (IW) is a 61-year-old woman who was injured on January 1, 2007. The mechanism of injury was cumulative trauma. The IW was diagnosed with carpometacarpal osteoarthritis, DeQuervain's tenosynovitis, ulnocarpal impaction, and triangular fibrocartilage complex tear. An electrodiagnostic study of the upper extremities dated June 17, 2010 showed bilateral carpal tunnel syndrome. The IW previously underwent left thumb carpometacarpal joint arthroplasty, DeQuervain's tendonitis release and trigger thumb release on April 6, 2012. According to a visit noted dated October 20, 2014, the left wrist x-ray (undated) showed ulnar positive variance. Pursuant to the October 20, 2014 progress note, the IW complains of "significant flare" in her left-sided wrist pain, particularly along the ulnar aspect. Examination revealed tenderness over the ulnocarpal joint and positive ulnocarpal grind. The IW was recommended to use a splint and to undergo hand therapy sessions. A request was made for 12 skilled therapy sessions. Prior history of participation in skilled therapy sessions was not discussed or documented in the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy for the left wrist x 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, Physical therapy

Decision rationale: Pursuant to the Official Disability Guidelines, hand therapy to the left wrist times 12 sessions is not medically necessary. The ODG provides specific guidelines as to frequency and duration of physical therapy. Allow for fading treatment frequency (from up to three visits or more per week to one or less), plus active self-directed home physical therapy. Sprains and strains of the wrist and hand may receive nine visits over eight weeks and pain in joint nine visits over eight weeks. The ODG preface states patients should be formally assessed after six-visit clinical trial to see if the injured worker is moving in a positive direction, no direction, or in a negative direction. In this case, the injured worker received 12 visits of prior physical therapy. These visits are excess of the nine allowed by the Official Disability Guidelines. In order to qualify for additional therapy, the appropriate documentation needs to be in the medical record. There is no clear evidence for additional physical therapy present in the medical record. Ideally, patients should be formally assessed after a six visit clinical trial to see if the injured worker is moving in a positive direction, no direction, or negative direction. This should be associated with objective functional improvement and, if needed, additional physical therapy may be appropriate. This documentation was not present in the medical record and consequently, 12 additional physical therapy sessions are not medically necessary.