

Case Number:	CM14-0022831		
Date Assigned:	06/11/2014	Date of Injury:	09/16/2008
Decision Date:	08/13/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female who reported an injury on 09/16/2008. The mechanism of injury was not provided. On 12/06/2013, the injured worker presented with severe right wrist pain, pain to the right forearm with associated tingling, numbness, and paresthesia. Upon examination, the range of motion for the right wrist was severely restricted. There was a positive Finkelstein's, Tinel's, and Phalen's signs. There was localized tenderness to the right anatomical snuff box and motor strength was 4/5 in the upper extremities. The diagnoses were bilateral carpal tunnel syndrome, right more than left, TFCC perforation, left-handed tenosynovitis, diabetic polyneuropathy, and chronic myofascial pain syndrome. Prior therapy included medications, injections, and physical therapy. The provider recommended 12 additional sessions of hand therapy; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical date of service for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 SESSIONS OF HAND THERAPY: 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.

Decision rationale: The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy, for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The provider's request for 12 additional hand therapy visits exceeds the guideline recommendations. Additionally, injured workers are instructed and expected to continue active therapies at home, there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request as submitted does not indicate the frequency of the therapy visits. Therefore, the request for an additional 12 sessions of hand therapy is not medically necessary and appropriate.