

Case Number:	CM14-0043325		
Date Assigned:	07/02/2014	Date of Injury:	12/31/2008
Decision Date:	08/12/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illinois. 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 69-year-old who reported an injury on December 31, 2008 who reportedly sustained an injury to the right wrist/hand while holding a crossing guard sign. The injured worker's treatment history included surgery on the right and left wrist/hand, medications, physical therapy treatment, and massage therapy treatment. The injured worker was evaluated on June 5, 2014, and it was documented that the injured worker had no tenderness to palpation of the bilateral hands. The injured worker had range of motion of the wrist and fingers without complaint of pain. The circulatory motor and sensory were intact. It was noted that the injured worker had significant improvement while attending physical therapy. It was noted that the injured worker attended physical therapy for the last seven years since 2003. She had completed approximately 6 sessions of physical therapy. The injured worker's diagnoses included tenosynovitis of the hand/wrist bilaterally; myalgia and myositis, unspecified; and aftercare surgery musculoskelet. The medication included meloxicam. The authorization or rationale was not provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right wrist/hand, twice weekly for six weeks, as outpatient: 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): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines may support up to ten visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker was noted to have significant improvement of her bilateral palmar hand from completing physical therapy sessions. In addition, the injured worker has been going to physical therapy on and off for several years that improved her symptoms. There was lack of evidence of a home exercise regimen indicated for the injured worker. Furthermore, additional physical therapy sessions will exceed the recommended amount which is up to ten visits. Given the above, the request for additional physical therapy for the right wrist/hand, twice weekly for six weeks, as outpatient, is not medically necessary or appropriate.