

Case Number:	CM14-0058874		
Date Assigned:	07/09/2014	Date of Injury:	02/09/2013
Decision Date:	08/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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, has a subspecialty in Pain Management 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 2/9/13. The utilization review determination dated 4/14/14 recommends modification of hand therapy from 6 visits to 2 visits. The medical report dated 3/3/14 identifies pain at the right wrist with burning and occasional cramps as well as difficulty with movement. In the past, physical therapy was reported as beneficial by the patient. On exam, there is tenderness over the ulnar wrist and Tinel's sign is mildly positive. There is reduced grip strength and impairment to pinprick in unspecified distribution(s) over the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy x 6 visits, Right wrist.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: Regarding the request for Hand Therapy x 6 visits, right wrist, California MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the

documentation available for review, there is documentation of completion of prior physical therapy sessions noted to be beneficial by the patient, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested Hand Therapy x 6 visits, right wrist are not medically necessary.