

Case Number:	CM14-0073508		
Date Assigned:	07/16/2014	Date of Injury:	11/21/2012
Decision Date:	09/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/20/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist reportedly associated with an industrial injury of November 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a thumb brace; earlier wrist open reduction and internal fixation surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 29, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy as six sessions of physical therapy. It was not stated when the open reduction and internal fixation surgery had transpired and/or how much cumulative treatment the applicant had had through that point in time. In an appeal letter dated May 20, 2014, the applicant apparently appealed the decision. The applicant complained that she receives 100 emails a day and had a manually intensive occupation which involves typing replies and reports on a daily basis. In a handwritten progress note dated April 11, 2014, the applicant was apparently returned to regular duty work. The applicant was asked to use NSAIDs on as needed basis. The applicant was apparently asked to use a wrist brace again, on as needed basis. The applicant apparently did have a positive Finkelstein maneuver, it was further noted. On January 7, 2014, it was suggested that the applicant underwent an open reduction and internal fixation of a hand fracture in November 2012, had some limitations of wrist range of motion, but was nevertheless able to make a full fist. The applicant did have a positive Finkelstein maneuver about the wrist and tenderness about the radial styloid. The applicant was asked to consider removal of the plate and decompression of the first dorsal compartment. The applicant was again returned to regular duty work. A wrist corticosteroid injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: As noted the 12 sessions of course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue seemingly present here. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapies at home as an extension of the treatment process in order to maintain improvement levels and also endorse self-directed home physical medicine and fading of treatment of frequency over time. The request, as written, thus, runs counters to MTUS parameters and principles. The applicant has already returned to regular duty work. The applicant is able to make a full fist, several providers have acknowledged. The applicant is, thus, likely capable of transitioning to self-directed home exercises, as suggested on pages 98 and 99 in the MTUS Chronic Pain Medical Treatment Guidelines in lieu of the lengthy formal course of treatment proposed by the attending provider. Therefore, the request is not medically necessary.