

Case Number:	CM14-0074670		
Date Assigned:	07/16/2014	Date of Injury:	09/02/2013
Decision Date:	09/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/22/2014

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 39-year-old female who reported an injury on 09/02/2013, the mechanism of injury was not provided within the medical records. The clinical note dated 05/13/2014, indicated a diagnoses of right wrist tenosynovitis, right upper extremity paresthesia, right upper extremity color and temperature changes, right shin contusion resolved, contusion right ribs resolved. The injured worker reported right hand pain was 8.5/10 and constant burning and throbbing. The injured worker reported she was having trouble sleeping because the pain was so severe she had coolness, paleness, weakness, and dropping of objects from that hand. The physical examination of the right wrist and hand: There was a loss of musculature in the forearm compared to the opposite limb; range of motion was limited' palmer flexion was 5/60 degrees; dorsiflexion was 5/60 degrees; inversion was 10/30 degrees; and eversion was 10/20 degrees. The injured worker also lacked full opposability. The injured worker had opposability between the thumbs, second, third and fourth digits; however, she was unable to oppose the thumb to the fifth digit. The injured worker lacked almost 3 cm of opposability. The injured worker had loss of sensation to light touch in the second, third and fourth digits compared to the thumb and the fifth digit. The injured worker's treatment plan included an additional course of physical therapy for the injured worker's right upper extremity and followup in 6 weeks. The injured worker's prior treatments included diagnostic imaging physical therapy and medication management. The injured worker's medication regimen included tramadol and Voltaren gel. The provider submitted a request for physical therapy 2 times 6 to the right hand. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: The request for Physical therapy 2x6 right hand is not medically necessary. The California MTUS state 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. The guidelines note 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. There is lack of documentation indicating the injured worker's prior course of physical therapy to include the amount of physical therapy the injured worker had already completed to warrant additional physical therapy as well as the efficacy of the prior therapy. Therefore, the request for physical therapy to the right hand is not medically necessary.