

<b>Case Number:</b>	CM14-0078609		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/13/2000
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Nevada. 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 records, presented for review, indicate that this 58 year old gentleman was reportedly injured on July 13, 2000. The mechanism of injury was listed as lifting a compressor off a pallet. The most recent progress note, dated August 4, 2014, indicated that there were ongoing complaints of neck pain and low back pain. There were also complaints of burning sensations in the bilateral palms. The physical examination demonstrated pain with facet loading of the left side of the cervical spine, tenderness over the cervical paraspinal muscles and facet joints, lumbar spine indicated decreased range of motion and tenderness over the paravertebral muscles, positive facet loading test bilaterally and a positive right sided straight leg raise test, right hand indicated decreased range of motion limited by pain, and tenderness over a prior surgical scar. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included cervical spine surgery, hand surgery, elbow surgery, shoulder surgery, lumbar spine surgery, right knee arthroscopy, as well as lumbar spine and cervical spine epidural steroid injections, physical therapy, massage therapy, and acupuncture. A request was made for hand therapy two times a week for six weeks for the right wrist and was not certified in the preauthorization process on April 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy 2w6 right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter-Treatment for Worker's Compensation, Forearm, Wrist and hand procedure summary last updated 2/18/14

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend up to four months for completion of physical therapy after a wrist fusion surgery, followed by home exercise program. A review of the available medical record indicates that the injured employee is now over six months post fusion. Considering this, the request for hand therapy two times a week for six weeks is not medically necessary.