

Case Number:	CM14-0091166		
Date Assigned:	07/25/2014	Date of Injury:	02/12/2013
Decision Date:	10/01/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41 year old male whose date of injury is 02/12/13. The mechanism of injury is noted as unloading stack of boxes hurting his wrist and back with a pop. He presented with complaints of left wrist pain. The injured worker was taking Celebrex and Prilosec. Per orthopedic evaluation dated 12/17/13 the injured worker has failed to improve with non-operative treatment including physical therapy, splinting and injection. A progress report dated 03/31/14 notes that there has been no significant improvement since last visit. The injured worker recently began strengthening exercises for the left hand and is seeing some improvements. Physical examination reported grip strength is reduced (no objective measures); sensation is reduced in the left hand; Tinel's and Phalen's are positive bilaterally; pressure over the distal ulna produces pain. Another course of hand therapy at three times a week for four weeks was ordered. The injured worker also was prescribed Omeprazole and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy three times a week for four weeks for the Left 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Physical/Occupational therapy

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Medical Treatment Utilization Schedule physical medicine guidelines recommend allow for fading of treatment frequency (from up to three visits per week to 1 or less), plus active self-directed home physical medicine. The records indicate that the injured worker has undergone therapy for the left wrist, but there is no documentation of the total number of therapy visits completed to date, the modalities used, and the response to treatment. Most recent physical examination reported reduced grip strength, but no objective measures were provided and no comparison to contralateral side was reported. There is no indication that the injured worker cannot independently perform a home exercise program. Based on the clinical information provided, the request for hand therapy three times a week for four weeks left wrist is not recommended as medically necessary.