

Case Number:	CM14-0189101		
Date Assigned:	11/20/2014	Date of Injury:	07/01/2005
Decision Date:	01/08/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/12/2014

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 Interventional spine 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 patient is a 58-year-old female with injury date of 07/01/05. Based on the 06/09/14 progress report, the patient complains right hand pain. The patient is status post right basal joint arthroplasty and multiple A1 pulley excisions. Patient is status post multiple trigger finger releases per 10/28/14 report. Physical examination on 10/28/14 revealed positive Phalen, positive compression at the palm, and paresthesias in the median nerve distribution. Treater recommends "night splinting, anti-inflammatories, and therapy," per 10/28/14 report. Per 03/06/14 hand therapy report, the patient has had 37 sessions, time frame not specified. Available progress reports mostly discussed the cervical and lumbar spines. There was very limited information regarding the hand. Diagnosis 09/25/14:-Lumbar spondylosis.-Lumbar myofascial pain.-Cervical spondylosis.-Carpal tunnel syndrome.-Right upper extremity neuritis.The request is for Hand Therapy Visits QTY: 12. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 05/13/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy Visits QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Patient presents with right hand pain and paresthesias that awaken her at night and interferes with activities of daily living. The request is for Hand Therapy Visits QTY: 12. Diagnosis dated 09/25/14 included carpal tunnel syndrome and right upper extremity neuritis. Treater recommends "night splinting, anti-inflammatories, and therapy," per 10/28/14 report. The patient is status post right basal joint arthroplasty and multiple A1 pulley excisions along with multiple trigger finger releases per 6/9/14 report. The dates of these surgeries are not noted in any of the reports and it would appear that the patient is outside of the post-surgical time-frame. MTUS guidelines state the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." "For myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss why therapy is being requested. Available progress reports mostly discussed the cervical and lumbar spines. Patient is status post multiple trigger finger releases and a right basal joint arthroplasty, dates unspecified per 10/28/14 and 6/9/14 reports. Post-operative guidelines were not used. There was very limited information regarding the hand. Per 03/06/14 hand therapy report, the patient has had 37 sessions and the treater does not explain why more therapy is needed, and whether or not the patient had hand surgery following 3/6/14, and what post-op therapy was provided. As it is, the request for additional 12 sessions exceeds what is allowed by MTUS guidelines. The request is not medically necessary.