

Case Number:	CM14-0189575		
Date Assigned:	11/20/2014	Date of Injury:	08/15/1999
Decision Date:	02/04/2015	UR Denial Date:	11/04/2014
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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 claimant is a 67-year-old female who reportedly sustained an injury to right and left hand on 08/15/1999. The claimant worked as a dealer in a card casino. With her repetitious work developed bilateral hand and wrist pain. She was sent to her Workers' Compensation physician on 08/15/1999; she had severe osteoarthritis of both hands and wrists, the right is worse than left. On the right hand she has a fused third MIP joint and many other joints are becoming more and more fused as time goes on. She has pain and stiffness in her hands. She cannot lift more than 8 lbs. She has decreased strength in both hands. The diagnoses were documented as bilateral arthritic hands, right worse than left, with fusion of the right third MP joint and stiffening of other joints in both hands. Physical therapy is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hand, twice weekly for three weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand

Decision rationale: MTUS supports physical medicine for the initial management of pain. Per guidelines: "Physical Medicine [is] recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006)" MTUS does not address the number of sessions. However, per ODG: Synovitis and tenosynovitis (ICD9 727.0): Medical treatment: 9 visits over 8 weeks Post-surgical treatment: 14 visits over 12 weeks The request for 6 visits is medically necessary and consistent with MTUS and ODG.