

Case Number:	CM14-0201322		
Date Assigned:	12/11/2014	Date of Injury:	09/30/2014
Decision Date:	01/31/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 53-year-old woman with a date of injury of 09/30/2014. A treating physician note dated 11/18/2014 identified the mechanism of injury as repetitive movements, resulting in pain in the base of the right thumb. This note and a treating physician note dated 11/14/2014 indicated the worker was experiencing pain at the base of the right thumb. Documented examinations described motion in the right hand joints limited by casting, tenderness in the anatomic "snuffbox", positive Heberden's and Bouchard's nodes, and tenderness in joint at the base of both thumbs with the right side worse than the left, mild joint deformity at the base of the thumbs. The submitted and reviewed documentation concluded the worker was suffering from CMC degenerative joint disease and tenosynovitis involving both sides. Treatment recommendations included oral pain medications, physical therapy, massage, weaning off casting into a brace, modified activities, and follow up care. A Utilization Review decision was rendered on 11/19/2014 recommending non-certification for outpatient physical therapy for the left hand and wrist three times weekly for four weeks (twelve sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left hand/wrist as an outpatient, three times weekly for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-2.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from CMC degenerative joint disease and tenosynovitis involving both sides. These records described significant pain despite the use of oral medications that interfered with the worker's function. For these reasons, the current request for outpatient physical therapy for the left hand and wrist three times weekly for four weeks (twelve sessions) is medically necessary.