Case Number:	CM15-0001150		
Date Assigned:	01/12/2015	**Date of Injury:**	01/12/2011
Decision Date:	03/06/2015	**UR Denial Date:**	12/19/2014
Priority:	Standard	**Application Received:**	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 female patient, who sustained an industrial injury on 01/12/2011. A primary re-evaluation dated 11/06/2014 described the patient having slow improvement and continues with post-operative therapy. her range of motion at the cervical spine was ntoed flexion to 40 degrees with 40 degrees right lateral bending and 40 degrees left lateral bending. In addition, 45 degrees right lateral rotation, 55 degrees left lateral rotation and 40 degrees of extension. There is increased pain with cervical motion and negative findings for Spurling , Adson and Wright maneuvers. A PR2 dated 12/03/2014 reported subjective statements that her pain and strength are noted improved with therapy. Physical examination found mild swelling in the left wrist and hand. there is mild stiffness at left wrist and slight stiffness in left thumb. Tinel's sign is positive at the left carpal tunnel. Phalen's is negative. She is diagnosed with; status post left thumb CMC arthroplasty, status post left carpel tunnel release, status post left shoulder athroscopy with decompression, left forearm tendinitis and left cervical arthrosis/radiculopathy. The plan of care involved continuing with occupational therapy working on stretching, modalities and strengthening. Contineu with NSAIDS and noted required stomach protection from GERD. She is prescribed with Voltaren,and Prilosec with next appointment in 6 weeks. On 12/19/2014 Utilization Review non-certified additional occupational therapy visits treating the le ft hand, noting the CA MTUS Chronic pain was cited. On 01/05/2015 IMR application was received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occuaptional Therapy to Left Hand (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines.

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

Decision rationale: According to MTUS 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) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007).In this case, the patient was status post left thumb carpometacarpal joint arthrosplasty performed on June 16, 2014 and has completed 38 therapy visits as of November 14, 2014. According to the progress report dated December 3, 2014, the patient did note improvement of pain and strength with therapy. At this point, a transition to a home based exercise program is recommended. More physical therapy is not justified.