

Case Number:	CM15-0005434		
Date Assigned:	01/16/2015	Date of Injury:	06/01/2011
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/10/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 6/1/11. She has reported bilateral hand pain. The diagnoses have included pain in hand joint. Treatment to date has included medications and trigger finger release right and left hand. Currently, the IW complains of increased pain in right index finger and thumb for few weeks with tightness in the right thumb; she states the pain gets worse with activities using her hand. Physical exam noted normal muscle tone without atrophy in right upper and lower, left upper and lower extremities; tenderness to palpation at the MCP joint of the right thumb on the palmar aspect and flexion of the thumb is painful. On 12/23/14 Utilization Review submitted a modified certification for 12 sessions of hand therapy, noting further authorizations will require documented objective evidence of functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/10/15, the injured worker submitted an application for IMR for review of 12 sessions of hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for hand therapy x 12 sessions. Current Guidelines state: Trigger finger (ICD9 727.03): Postsurgical treatment: 9 visits over 8 weeks- Postsurgical physical medicine treatment period: 4 months According to the clinical documentation provided and current MTUS guidelines; The current request of 12 session exceeds the amount of physical therapy sessions are recommended. Hand Therapy x 12 sessions is not indicated as a medical necessity to the patient at this time.