

Case Number:	CM15-0006989		
Date Assigned:	01/26/2015	Date of Injury:	09/05/2014
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old female, who sustained an industrial injury on September 5, 2014. Her diagnoses include metacarpophalangeal joint sprains/soft tissue trauma of the right index, middle, and ring fingers; right wrist capitate and hamate bone contusions, right scapholunate ligament perforation or canal tear, intermittent paresthesias and pain. She has been treated with pain medication, splinting, work modifications, magnetic resonance imaging (MRI), electrodiagnostic study, and right wrist cast. The medical records refer to a course of physical/occupational therapy. On December 11, 2014, her treating physician reports thumb pain with writing, improving range of motion, and strength is a problem. The right upper extremity exam revealed decreased pain with passive wrist extension and flexion, decreased active range of motion of the wrist, decreased monofilament testing, intact sensation at the fingers, tenderness to palpation at the base of the second and third metacarpals and fourth metacarpal head, decreased tenderness to palpation at the index metacarpophalangeal joint ulnarly, and equivocal Tinel's, Durkan's, and Phalen's at the carpal tunnel. There was a small prominence over the third metacarpal, negative triggering, and small dorsal wrist prominence. On December 19, 2014 Utilization Review non-certified a prescription for an 4-8 visits (1-2 times weekly for 4 weeks) of initial physical therapy for the right hand, noting the requested physical therapy exceeds the number of sessions recommended by the guidelines, and the lack of documentation of objective outcomes including changes in range of motion, strength, and functional activity tolerance that would substantiate the need for additional therapy at this time. The California Medical Treatment

Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial physical therapy 1-2 times weekly for the right hand qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, Physical/Occupational Therapy

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

Decision rationale: The patient, a 31-year-old female with an injury date of 09/05/14, presents with increased stiffness and pain rated 3-4/10 in the right hand and wrist. The request is for INITIAL PHYSICAL THERAPY 1 -2 TIMES WEEKLY FOR THE RIGHT HAND QTY: 8. The RFA is not included. Work status was reported as: Splint at patient's discretion at work. MTUS pages 98, 99 has 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. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." Treater is requesting 8 additional sessions of physical therapy for strengthening. Per the medical record dated 12/04/14, the patient has received physical therapy to the hand since 10/08/14 for the total of 16 sessions. Patient reportedly demonstrated significant improvement in AROM, strength, and functional use of her RUE, However, pain remains in end range wrist extension and flexion. Treater does not provide a rationale for the continuation of the therapy and why the patient is unable to transition into a home exercise program. Furthermore, the requested 8 additional sessions with the 16 treatments already authorized exceed what is allowed per MTUS for this kind of condition. Therefore, the request IS NOT medically necessary.