

<b>Case Number:</b>	CM15-0145943		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Texas, California

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:

This is a 65-year-old female patient, who sustained an industrial injury on 12-31-2009, due to repetitive stress. The diagnoses include repetitive stress injury, degenerative joint disease of the bilateral proximal interphalangeal joints of the second and third digits, as well as the bilateral first metacarpophalangeal joints. Per the doctor's note dated 7/13/15, she had complains of significant pain over the bilateral hands, especially the PIP (proximal interphalangeal joints) of the bilateral second and third digits, as well as the MCP (metacarpophalangeal joints) of both hands. The pain continued to prevent her from working her typical work duties. Her work status was permanent and stationary. The physical examination of the right wrist/hand revealed tenderness, decreased range of motion and 4/5 strength. The current medications list is not specified in the records provided. It was documented that medications and physical therapy were proving effective in improving pain levels, function, range of motion, and overall sense of comfort. Treatment to date has included medications and unspecified physical therapy. The treatment plan included hand therapy x6 visits for the bilateral hands and wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy, six visits for the bilateral hands/wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98.

**Decision rationale:** Hand therapy, six visits for the bilateral hands/wrists. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Hand therapy, six visits for the bilateral hands/wrists is not medically necessary for this patient at this time.