

Case Number:	CM15-0161228		
Date Assigned:	09/04/2015	Date of Injury:	10/18/2010
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 10-18-2010. On provider visit dated 07-02-2015 the injured worker has reported neck, back, bilateral upper extremity pain. She reports pain in elbows and wrists, hypersensitivity in hands and upper arms with numbness and tingling at night in her hands. Objective findings revealed limited findings for hand assessment. The diagnoses have included pain in joint hand - bilateral CMC arthralgia. Treatment to date has included medication. The injured worker was noted not to be working. The provider requested hand therapy, 12 sessions for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy, 12 sessions for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2010. The diagnoses have included pain in joint hand and bilateral CMC arthralgia. Treatment to date has included medication. The injured worker was noted not to be working. The provider requested hand therapy, 12 sessions for the bilateral wrists. Prior therapy frequency and duration, and functional objective improvement outcomes is not noted. The MTUS, Chronic Pain section, does permit physical therapy in the chronic phase. They note: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Outcomes of prior therapy in the 5 years since injury are not noted. Also, these conditions are not noted in this claimant. Finally, although up to 10 might in some circumstances be reasonable, 12 as requested here would not. The request is not medically necessary.