

Case Number:	CM15-0165073		
Date Assigned:	09/02/2015	Date of Injury:	03/03/2015
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on March 3, 2015. She reported an injury to her left hand and wrist. The injured worker was diagnosed as having contusion of the hand, pain in hand joint and tenosynovitis of the hand and wrist. The injured worker reports pain in the left hand and left wrist. She reports that the pain comes and goes and is aggravated with bending, lifting, pulling and pushing. She rates her pain a 6 on a 10-point scale. On physical examination the injured worker has swelling and tenderness to palpation of the left hand, thumb and wrist. She has a decreased range of motion of the left thumb and left wrist. She has decreased sensation and decreased grip strength in the left hand. She has a positive Phalen's sign. Physical therapy notes from ten physical therapy sessions during April 20, 2015 to June 4, 2015 reveal she is compliant with a home exercise program and has increased muscle strength, range of motion and increased tolerance to exercise. The injured worker's overall improvement was defined as fair and her pain rating was 5 on a 10-point scale. A physical therapy evaluation on June 4, 2015 revealed normal range of motion of the left wrist with decreased strength in the left wrist. Treatment to date has included NSAIDS, physical therapy, home exercise program, and brace. A request was received on July 23, 2015 for eight additional physical therapy sessions for the left wrist and hand. The Utilization Review physician modified the request for eight additional physical therapy sessions for the left wrist- hand to four additional physical therapy sessions for the left wrist-hand with transition to home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional physical therapy for the left wrist/hand, 2 times a week for 4 weeks, for submitted diagnosis of contusion of upper limb, pain in joint and synovitis and tenosynovitis, an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in March 2015 and is being treated for left hand and wrist pain after a crush injury while working as a machine operator. She was evaluated for therapy in April 2015. Through 04/28/15 four treatments are documented. Case notes reference completion of 10 sessions. The claimant is right-hand dominant. When seen, she was having intermittent pain rated at 6/10. There was decreased range of motion with dorsal wrist and hand tenderness with swelling and positive Phalen's testing. There was decreased grip strength. An MRI was reviewed and had been normal. An additional eight therapy sessions were requested. Ibuprofen was continued. In terms of physical therapy after a crush injury to the hand or fingers, for this condition, guidelines recommend up to 9 treatment sessions over 8 weeks. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.