

Case Number:	CM15-0165413		
Date Assigned:	09/02/2015	Date of Injury:	04/28/2013
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
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 56 year old female, who sustained an industrial injury on 4-28-2013, resulting from cumulative trauma. The injured worker was diagnosed as having pain in joint, hand, and osteoarthritis, knee. Treatment to date has included diagnostics, H wave, unspecified physical therapy, acupuncture, and medications. Currently, the injured worker was seen for routine follow-up and was clinically unchanged. Magnetic resonance imaging of the right hand showed moderate to severe first carpometacarpal joint arthrosis with full thickness chondral loss and moderate underlying bone marrow edema. Exam of the hands noted swelling, pain, and range of motion crepitation at the base of both thumbs, with resultant decreased strength and range of motion. It was documented that she was working. The treatment plan included physical therapy for the bilateral hands, 1x6, including but not limited to iontophoresis, H wave, and paraffin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x wk x 6 wks bilateral hands including but not limited iontophoresis, H- wave, Paraffin: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in April 2013 and is being treated for hand pain and has a diagnosis of first CMC osteoarthritis. She had right hand symptoms which then progressed and the left hand became affected. When seen, there was pain and swelling of both thumbs with crepitus and decreased range of motion and strength. There was a normal BMI. As of October 2014 the claimant had received 3 months of physical therapy. Treatments have also included medications, acupuncture, and H-wave stimulation. Additional physical therapy is being requested. The claimant is being treated for chronic pain and has not had therapy for at least the past 12 months. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. Modalities are being requested and guidelines allow a trial treatments with continued treatment based on documented objective improvement. The request is medically necessary.