

Case Number:	CM15-0169176		
Date Assigned:	09/09/2015	Date of Injury:	08/23/2014
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 26 year old male who sustained an industrial injury on 08-23-2014. He reported injury to the right hand. The injured worker was diagnosed as having scaphalunate dissociation of right wrist, and wrist stiffness. Treatment to date has included right wrist triscaphe arthrodesis on 12-05-2014 with hardware removal 01/29/2015. Currently, the injured worker complains of pain on the dorsal aspect of his right thumb and inability to do pushups due to limited extension of the right hand. The provider notes state this limited extension is normal for a partial wrist fusion. He uses Flector 1.3% patch as needed and is currently using hand springs at home to strengthen his hand grip. On exam, the active range of motion of the right wrist is 54% of flexion and 56 % of extension. There is some tenderness to palpation of the anatomic snuff box of the right wrist, and tenderness to palpation along the course of the extensor pollicis brevis tendon at the dorsal aspect of the first metacarpal. Grind maneuver at the base of the right thumb at the carpometacarpal joint is negative. He has no pain with resisted abduction or extension of the right thumb along the course of the extensor pollicis brevis. He has had 40 physical therapy visits as of 06/08/2015. The worker is released to work with temporary restrictions of no forceful extension, and no forceful motion of the right wrist for the next six and a half weeks. A request for authorization was submitted for Physical therapy x 6 sessions, right hand. A utilization review decision (08-20-2015) denied the request for Physical therapy citing Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 sessions, right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing pain and swelling at the base of the right thumb and wrist and a sense of having a weak right handgrip. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for six physical therapy sessions for the right hand is not medically necessary.