

Case Number:	CM15-0189626		
Date Assigned:	10/01/2015	Date of Injury:	10/09/2012
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male who sustained an industrial injury on 10-9-12. The injured worker reported bilateral hand pain. A review of the medical records indicates that the injured worker is undergoing treatments for repetitive strain injury of bilateral upper extremities with lateral epicondylitis, left fourth finger flexor tenosynovitis with intermittent triggering. Provider documentation dated 5-13-15 noted the work status as "Patient is working within his restrictions...Permanent and Stationary". Treatment has included injection therapy, Gralise since at least May of 2015, Motrin since at least May of 2015, Tylenol since at least May of 2015, Voltaren gel since at least May of 2015 and status post bilateral carpal tunnel release surgery (June 2013). Objective findings dated 5-13-15 were notable for tenderness to bilateral dorsal, volar wrists and flexor tendon. The original utilization review (9-1-15) denied a request for hand therapy 2 times per week for 3 weeks, left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 2 times per week for 3 weeks, left: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with bilateral hand pain and numbness. The current request is for Hand Therapy 2 times per week for 3 weeks, Left. The treating physician's report dated 08/19/2015 (15B) states, "The patient is status post a local cortisone injection for left fourth finger triggering on 04/15/2015. He had improvement in symptoms for about 6 weeks, but he states that he is now experiencing recurrence in symptoms. I am referring the patient for hand therapy at HRA for 6 sessions, 2 times per week for 3 weeks." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Medical records do not show any physical or occupational therapy reports. It appears that the patient has not received any recent hand therapy. In this case, a short course of hand therapy is appropriate to address the patient's current symptoms and the requested 6 sessions are within the guidelines. The current request is medically necessary.