

Case Number:	CM15-0194673		
Date Assigned:	10/14/2015	Date of Injury:	04/13/2012
Decision Date:	12/11/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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 39 year old female, who sustained an industrial injury on 04-13-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for hand and wrist pain. Medical records (06-01-2015 to 09-08-2015) indicate ongoing right hand pain. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate improved strength and range of motion. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 08-20-2015, revealed good range of motion and strength in the right wrist. The IW also reported moderate to severe difficulty with activities of daily living. Relevant treatments have included: 12 sessions of physical therapy (PT) with reported "significant but incomplete gains", work restrictions, and pain medications. The request for authorization (08-25-2015) shows that the following treatment was requested: 12 additional sessions of hand therapy. The original utilization review (09-11-2015) non-certified the request for 12 sessions of hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve visits of hand therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The patient presents with right wrist pain. The current request is for twelve visits of Hand Therapy. The treating physician's report dated states, "I have discussed the patient's case with the therapist, and I concur that the patient has made significant but incomplete gains with therapy and would benefit from an additional 12 sessions of therapy." The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. Hand therapy reports from 06/10/2015 (32A) to 09/08/2015 (40A) show that the patient has completed 12 sessions. The 09/01/2015 (17A) hand therapy reports notes, "Good ROM & strength improving gradually. Pt reports moderate to severe difficulty with ADLs." In this case, the patient has received 12 hand therapy sessions recently and the requested additional 12 would exceed guidelines. The patient should now be able to transition into a self-directed home exercise program to improve strength and ROM. The current request is not medically necessary.