

Case Number:	CM15-0203031		
Date Assigned:	10/21/2015	Date of Injury:	05/01/2015
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 5-1-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left third and fourth digit metacarpophalangeal joints and left ulnar sided wrist pain with a TFCC tear. On 9-17-2015, the injured worker reported gradual improvement in her symptoms. The Primary Treating Physician's report dated 9-17-2015, noted the injured worker was currently being treated for left third and fourth digit metacarpophalangeal joint sprains and a left wrist TFCC tear, having completed 13 sessions of therapy and using occasional anti-inflammatories. The physical examination was noted to show the injured worker was able to nearly make a full fist with mild tenderness over the third and fourth digit metacarpophalangeal joints with no instability and mild tenderness over the ulnocarpal joint. Prior treatments and evaluations have included physical therapy, splinting, a left hand MRI 7-2-2015, showing joint effusions involving the third and fourth metacarpal phalangeal joints with collateral ligament sprains, rest, heat, anti-inflammatory medications, and at least 13 sessions of hand therapy. The treatment plan was noted to include continued therapy, home exercise program (HEP), and anti-inflammatories. The Physician noted the injured worker was advanced to no lifting, pushing, or pulling greater than 20 pounds with expectation to advance her to a trial of full duty once her therapy had been completed. The hand therapy re-evaluation note dated 8-27-2015, noted to be session 8 of 12, noted the injured worker's wrist range of motion (ROM) improved with digits making significant gains. The therapy note dated 9-17-2015, was noted to be the 13th session with a left soft splint given. The patient had completed 10/12 previously certified PT visits. On 9-9-2015, the therapy note reported the injured worker fingers felt better, with shoulder

also hurting, with increased digit range of motion (ROM). The patient sustained the injury due to a fall. The medication list includes Tylenol#3, Imdur, and Epinephrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Additional certified hand therapy, left third and forth metacarpophalangeal joints QTY 8 DOS: 9/17/2015: Upheld

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

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". The patient had completed 10/12 previously certified PT visits. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Retrospective Additional certified hand therapy, left third and forth metacarpophalangeal joints Qty 8 DOS: 9/17/2015 is not medically necessary or fully established for this patient.