

<b>Case Number:</b>	CM15-0203244		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	03/22/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Pennsylvania, Ohio, California  
 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 61 year old male, who sustained an industrial injury on 3-22-2014. Medical records indicate the worker is undergoing treatment for cervical radiculitis, lumbar radiculopathy and cervical sprain-strain. A recent progress note from 9-21-2015 reported the injured worker's right hand pain remained. Progress report dated 6-17-2015 and 9-8-2015, reported the injured workers complaints and exam were unchanged. A progress report from 7-29-2015 reported the injured worker complained of persistent pain getting worse-pain location is not defined. A progress note from 5-6-2015 reported the injured worker feels the same and the wrist brace is little help and the physical examination reported no change. Treatment to date has included physical therapy and medication management. On 9-8-2015, the Request for Authorization requested Hand therapy right wrist 2 times a week for 6 weeks. On 9-25-2015, the Utilization Review noncertified the request for Hand therapy right wrist 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand therapy right wrist 2 times a week for 6 weeks:** Upheld

**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:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.