

Case Number:	CM15-0207289		
Date Assigned:	10/26/2015	Date of Injury:	09/04/2014
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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

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 9-4-2014 and has been treated for right intersection syndrome and right forearm tenosynovitis. Electrodiagnostic studies dated 1-23-2015 are stated to be within normal limits. On 8-11-2015, the injured worker reported that she was slowly improving with pain and mobility post right intersection. Objective findings revealed slight tenderness over the distal forearm and mild right wrist stiffness. Documented treatment includes corticosteroid injections, a right intersection release in 6-2015, Voltaren, Mentherm Gel, and at least 16 physical therapy visits as of 9-18-2015 stated to be "making progress" including increased sensation, slight decrease in pain and increased range of motion. The therapy note of 9-18-2015 states she still has pain and stiffness limiting functional use of her hand, and additional "skilled therapy" was recommended. The treating physician's plan of care includes a request submitted 8-15-2015 for an additional 12 sessions of hand therapy, which was modified on 10-8-2015 to two additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 2xWk for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider has continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization from at least 16 formal physical therapy already rendered to support further treatment for this 2014 injury. There has not been a change in neurological compromise or red-flag findings demonstrated for PT at this time. Submitted reports have also not adequately identified the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Hand Therapy 2xWk for 6 weeks is not medically necessary and appropriate.