

Case Number:	CM15-0023686		
Date Assigned:	02/13/2015	Date of Injury:	09/05/2014
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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: Preventive Medicine, Occupational Medicine

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 31 year old female, who sustained an industrial injury on September 5, 2014. She has reported a right upper extremity injury. The diagnoses have included pain in joint involving forearm, crushing injury of hand, sprain of metacarpophalangeal joint of hand, joint pain - hand, and pain in limb. The injured worker was treated with physical therapy with therapeutic exercise, manual therapy, electrical stimulation, ultrasound, paraffin, hot/cold, and education for a home exercise program. Additional treatment to date has included x-rays, MRI, splinting of the right hand and wrist, sling, pain medication, MRI, physical therapy, and off work. On January 7, 2015, the treating physician noted right and wrist stiffness and aching, able to make a fist, and pain with daily movements. The physical exam revealed decreased pain with passive range of motion; active range of motion lacked 20 degrees, and diminished 2.83 monofilament testing with 3.61 intact at the small finger. The sensation to light touch was intact to the thumb, index, middle and ring fingers. There was tenderness to palpation at the base of the second and third metacarpals, and at the fourth metacarpal head. There was decreased tenderness to palpation at the index finger metacarpophalangeal joint, tenderness to palpation at the ring finger metacarpophalangeal joint ulnarly, equivocal Tinel's/Durkan's and Phalen's at the carpal tunnel, negative triggering, and a small dorsal prominence. The provider noted there was right wrist capitate and hamate bone contusions and right scapholunate ligament perforation or canal tear per MRI arthrogram report on September 17, 2014, and electrodiagnostic studies of bilateral upper extremities were negative on October 28, 2014. The treatment plan included physical therapy for strengthening. On January 19, 2014 Utilization Review non-certified a

prescription for an additional 8 visits (1-2 times weekly for 4 weeks) of physical therapy for the right hand/wrist , noting the guidelines recommend a limited amount of physical therapy for musculoskeletal injuries with transition to home exercises as part of a self-management program. The patient has had extensive experience with physical therapy and should be independent with a home program to address further Rom, stretching, and strengthening. In addition, there was a lack of documentation of functional goals or medical rationale regarding the need for supervised therapy for strengthening. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 1-2x Weekly for 4 Weeks, Right Hand and Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 7, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy is not medically necessary.