

Case Number:	CM15-0211312		
Date Assigned:	10/30/2015	Date of Injury:	03/22/2006
Decision Date:	12/11/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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(n) 65 year old female, who sustained an industrial injury on 3-22-06. The injured worker was diagnosed as having osteoarthritis of the right first carpometacarpal joint. Subjective findings (4-14-15) indicated right radial wrist pain. Objective findings (4-14-15) revealed 3+ tenderness in the right wrist with some deformity at the right first carpometacarpal (CMC) joint. As of the PR2 dated 10-2-15, the injured worker reported pain at the base of the right thumb and is having trouble pinching, grasping and turning keys. Objective findings include right CMC joint swollen and tender. Treatment to date has included NSAIDs and splinting. The Utilization Review dated 10-15-15, non-certified the request for hand therapy x 1 visit for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy 1 Visit Right Hand: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hand therapy 1 visits to the right hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is unilateral primary osteoarthritis of the first carpometacarpal. Date of injury is March 22, 2006. Request for authorization is October 2, 2015. According to an October 2, 2015 progress note, the injured worker complains of pain at the base of the involved thumb. There is pain with keyboarding and grasping. Objectively, the first CMC exam shows IP extension 0, IP flexion 60, MP extension 0, and MP flexion 70. Grind test is positive and shoulder sign is positive. The treatment plan indicates the treating provider discussed the pathophysiology of CMC arthritis with the injured worker. Various treatment options with their success were discussed. There is no clinical discussion, indication or rationale for hand therapy one visit to the right hand. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical discussion, indication or rationale for hand therapy visit #1 to the right hand, hand therapy 1 visits to the right hand is not medically necessary.