

Case Number:	CM15-0215696		
Date Assigned:	11/05/2015	Date of Injury:	07/23/2015
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, 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 55 year old female with a date of injury on 07-23-2015. The injured worker is undergoing treatment for bilateral hand tenosynovitis. A physician progress note dated 10-12-2015 documents the injured worker complains of pain in the bilateral palmar hand. She notes therapy has helped. There is 50% improvement in her symptoms. Several documents within the submitted medical records are difficult to decipher. A therapy note dated 09-21-2015 documents the injured worker has continued pain in her hands left greater than right and was unable to tolerate grasping exercises with the left hand. There is poor range of motion in her wrists. She has poor grip and pinch strength. She is not working. Treatment to date has included diagnostic studies, medications, and 9 hand therapy visits. An unofficial report of a Magnetic Resonance Imaging of the right hand done on 06-22-2015 revealed suspected mild tenosynovitis of the flexor tendons, degenerative cyst on the head of the 3rd metacarpal and minimal narrowing of the interphalangeal joint slightly due to mild osteoarthritis. On 10-20-2015 Utilization Review non-certified the request for Occupational therapy for bilateral hands 2 times a week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for bilateral hands 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Hand, physical therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG states, "Synovitis and tenosynovitis (ICD9 727.0): Medical treatment: 9 visits over 8 weeks" The employee has undergone 9 sessions of physical therapy with reported improvement, but there is no discussion of how she is transitioning to a home exercise program or how the additional 16 sessions fit into a "fading of treatment frequency". Therefore, the request is not medically necessary.