

Case Number:	CM15-0040526		
Date Assigned:	03/10/2015	Date of Injury:	12/06/2010
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old female, who sustained an industrial injury on 12/06/2010. The injured worker is currently diagnosed as having bilateral trigger thumb status post release, bilateral thumb pain status post trigger release, and left distal radio-ulnar arthritis. Treatment to date has included electromyography/nerve conduction studies, splints, home exercise program, and medications. In a progress note dated 12/16/2014, the injured worker presented with complaints of persistent bilateral wrist and thumb pain. The treating physician reported prescribing Norco, Lyrica, and Naproxen and stated the injured worker is benefiting from combination of current medications and splints but has frequent flare ups associated with increased activity, therefore wants to pursue with steroid injection at the metacarpophalangeal and carpometacarpal joint of first digit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right thumb and wrist 3 times a week for 4 weeks (12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, forearm, wrist, & hand (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy to the right thumb and wrist 3 times a week for 4 weeks (12) is not medically necessary per the MTUS Physical Medicine Guidelines. The guidelines recommend for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The request for 12 visits exceeds the MTUS Guideline recommendations for this condition. The MTUS recommends for myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Additionally, the documentation is not clear on why the patient is not well versed in a home exercise program at this point. The request for physical therapy to the right thumb and wrist 3 times a week for 4 weeks (12 visits) is not medically necessary.