

Case Number:	CM15-0040695		
Date Assigned:	03/10/2015	Date of Injury:	06/08/2011
Decision Date:	04/20/2015	UR Denial Date:	02/24/2015
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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 45-year-old female, who sustained an industrial injury on June 8, 2011. She has reported wrist pain. Diagnoses have included triangular fibro cartilage tear and cubital tunnel syndrome. Treatment to date has included medications, splinting, physical therapy, and cold therapy. A progress note dated February 4, 2015 indicates a chief complaint of wrist pain. The treating physician documented a plan of care that included certified hand therapy for the continued pain. The medical record notes that the injured worker received significant improvement with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Certified Hand Therapy 2 x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate physical examination noting pain and reporting subjective improvement with physical therapy to date. MTUS supports PT for identified deficits with goals of therapy but the medical records do not identify goals of therapy or indicate specific objective functional gains to date with the therapy provided. There is no information as to why the insured is not able to transition to self-directed program at this time. As such, the medical records do not support the necessity of the PT therapy congruent with MTUS guidelines.