

Case Number:	CM15-0042427		
Date Assigned:	03/12/2015	Date of Injury:	03/08/2013
Decision Date:	04/15/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 was a 57 year old male, who sustained an industrial injury, March 8, 2013. The injured worker previously received the following treatments: 24 occupational therapy visits, lidocaine pain patch, worn splints bilaterally, x-rays of the right and left wrists. The injured worker was diagnosed with status post left corpectomy, left wrist osteoarthritis, stage III scapholunate left wrist, degenerative joint disease of the right wrist. According to progress note of October 1, 2014, the injured worker's chief complaint was pain in the fingers of the left hand. The primary physician was requesting further occupational therapy per the therapist request. The injured worker reported improvement in hand mobility and less pain. There continued to be swelling and tenderness on the ulnar side of the left wrist. The treatment plan included additional physical therapy 2 times a week for 12 visits for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional therapy by a certified hand therapist, twice weekly, quantity of twelve: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for left hand and finger pain. He underwent a proximal carpectomy for osteoarthritis. Treatments have included 24 sessions of occupational therapy. Post surgical treatment after a proximal carpectomy: 20 physical therapy visits over 6 months weeks with a postsurgical physical medicine treatment period of 8 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative therapy in excess of that recommended following this procedure. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.