

Case Number:	CM15-0053633		
Date Assigned:	03/27/2015	Date of Injury:	03/15/2013
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 3/15/13. The injured worker reported symptoms in the bilateral upper extremities. The injured worker was diagnosed as having hand osteoarthritis and tenosynovitis of hand/wrist. Treatments to date have included cortisone injections, physical therapy, anti-inflammatories, and activity modification. Currently, the injured worker complains of left forearm pain and right wrist pain. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the bilateral hands/wrists, twice a week for six 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 Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy is considered not medically necessary. The patient had completed 32 sessions of occupational therapy and should be proficient at continuing

a home exercise program. She continued with pain even after therapy. There are no changes in subjective and objective findings that would warrant additional physical therapy. A home exercise program should be continued at this time. Therefore, the request is considered not medically necessary.