

Case Number:	CM13-0036813		
Date Assigned:	12/13/2013	Date of Injury:	04/01/2011
Decision Date:	02/19/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female who reported an injury on 4/1/11. The mechanism of injury information was not provided in the medical records. A clinical note from 11/20/13 reported that the patient continued to have complaints of neck pain. She also reports having pain in the right hand and arm. The patient feels a bruising sensation in her hand with use of the right arm for any activity. The patient's diagnoses included cervical radiculopathy, lumbar radiculopathy, lumbar facet dysfunction, sacroiliac joint dysfunction, anxiety, depression, myalgias, gastritis, and complex regional pain syndrome of the right upper extremity. The patient was recommended to continue the use of her ongoing medications which consisted of Capsaicin cream, Voltaren gel, Tylenol 500 mg every 6 hours, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 hand therapy program sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Per the California MTUS Physical Medicine Guidelines, the recommended number of therapy sessions for the patient's diagnoses would be 9-10 visits over 8 weeks. The requested amount of therapy sessions is 12, which exceeds what is recommended by the California MTUS. Therefore, the request for 12 hand therapy program sessions is non-certified.