

Case Number:	CM14-0112653		
Date Assigned:	08/01/2014	Date of Injury:	07/18/2012
Decision Date:	09/26/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

According to the records made available for review, this is a 56-year-old female with a 7/18/12 date of injury, and status post right finger tendon repair surgery (undated). At the time (6/12/14) of request for authorization for Outpatient physical therapy to the right hand and wrist, two times per week over six weeks, there is documentation of subjective (headaches, right shoulder, bilateral hands/wrist, and abdominal pain) and objective (right wrist tenderness to palpation dorsal aspect of right thumb, decreased range of motion, right wrist positive Tinel's, Phalen's, and Finkelstein, left wrist positive Tinel's, deformity of 5th digit, tenderness to palpation dorsal/palmar aspects of right 2nd and 5th digits, decreased range of motion right thumb, index, little finger, and decreased sensation right and left upper extremity involving median nerve at fingers) findings, current diagnoses (head pain, bilateral shoulder strain/sprain, right shoulder tendinitis, right shoulder impingement syndrome, rule out right shoulder rotator cuff tear, bilateral elbow strain/sprain, bilateral elbow epicondylitis, rule out bilateral wrist carpal tunnel syndrome, bilateral wrist chronic overuse syndrome, sprains/strain wrist unspecified site, sprains/strain hand unspecified site, and status post right finger tendon repair surgery), and treatment to date (medications (including Prevacid and Diclofenac)). 7/7/14 medical report identifies patient has received 0 physical therapy sessions. The proposed outpatient physical therapy to the right hand and wrist, two times per week over six weeks exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the right hand and wrist, two times per week over six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of wrist and hand not to exceed 9 visits over 9 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of head pain, bilateral shoulder strain/sprain, right shoulder tendinitis, right shoulder impingement syndrome, rule out right shoulder rotator cuff tear, bilateral elbow strain/sprain, bilateral elbow epicondylitis, rule out bilateral wrist carpal tunnel syndrome, bilateral wrist chronic overuse syndrome, sprains/strain wrist unspecified site, sprains/strain hand unspecified site, and status post right finger tendon repair surgery. However, the proposed outpatient physical therapy to the right hand and wrist, two times per week over six weeks exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Outpatient physical therapy to the right hand and wrist, two times per week over six weeks is not medically necessary.