

Case Number:	CM14-0117460		
Date Assigned:	08/27/2014	Date of Injury:	09/12/2012
Decision Date:	10/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/26/2014

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 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 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:

Diagnostic studies reviewed include MR of the right hand without contrast dated 08/06/2014 revealed no ganglion cysts or other mass lesions are seen immediately adjacent to the placed marker between the interspace between the third and fourth proximal phalanges; mild cartilage thinning at the second and third MTP joints with mild subchondral edema in the second and third metatarsal heads. Progress report dated 04/30/2014 states the patient presented with complaints of left upper extremity tingling. She reported that she had physical therapy but does not mention whether it helped or not. Her exam revealed no tenderness or swelling bilaterally. Wrist flexion and extension is free bilaterally. Carpal tunnel and Tinel's is negative bilaterally. Resisted thumb extension is also negative bilaterally. She did note thenar symptoms not consistent with first dorsal extensor compartment impingement with Finkelstein on the right. Her complaint of tingling mainly involved the right hand palm as well as some dorsally. She is recommended for a wrist cock-up brace bilaterally and occupational therapy to help with repetitive stress/hand tendonitis symptoms. Prior utilization review dated 07/16/2014 states the request for Occupational Therapy 2 times a week for 2 weeks is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 time a week for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC: Forearm, Wrist & Hand Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Forearm, Wrist and Hand, Physical Therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy in the past. There is an absence in documentation noting functional improvement with physical therapy that has been provided. Additionally, there is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Therefore, the medical necessity of this request is not established.