

Case Number:	CM14-0219034		
Date Assigned:	01/09/2015	Date of Injury:	06/25/2013
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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 York

Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 51 year old female is a right hand dominant person who sustained an industrial injury on June 25, 2013 when she twisted her left wrist while filing a folder at work. She has reported left wrist and upper extremity pain and was diagnosed with chronic left wrist and thumb pain. Treatments included left ulnar release on 12/30/2013 and left thumb surgery on 2/19/2014. The IW a minimum of 12 physical therapy and 6 acupuncture therapy session. On June 30, 2014, the pain continued. Norco was noted to provide some relief and was continued with the addition of Neurontin was added. On September 2, 2014, the acupuncture result noted only mild and short term relief with the treatments. On September 22, 2014, an agreed medical evaluator noted the reason for ongoing pain was not known. Recommendations were for no further specific treatment. It was noted the IW could return to modified work duties with limited gripping. X-rays on September 22, 2014 revealed no acute abnormalities. A PR-2 dated 10/2/14, she reported ongoing wrist and elbow pain. Subjectively, the IW could not tolerate the Neurontin and it was replaced with Lyrica. A primary treating physician's progress report dated 10/30/2014 recommended physical therapy. A following primary treating physician's progress report dated 12/1/14 reports persistent left upper extremity pain. The IW had not started hand therapy. She reports pain was progressively getting worse. The request for hand therapy was re-submitted. Medication prescriptions for Norco, ibuprofen and gabapentin were refilled. The IW was on modified work status. On December 9, 2014 Utilization Review modified a request for 6 left hand therapy sessions citing MTUS guidelines. On December 30, 2014, the injured worker submitted an application for IMR of the request for 6 left hand therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy for the left hand 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 98-99.

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

Decision rationale: According to CA MTUS, physical medicine is utilized with the overall goal of improving function. The IW has previously completed a course of physical therapy. The documentation does not demonstrate progression in her functional ability. Specifically, the IW remains with her modified work restrictions. There is no decrease in analgesic use noted in the documentation. The limitations of exam are unchanged. The request for hand therapy is not medically necessary. CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. This request is for physical therapy for a chronic condition. Documentation does not provide any measure of functional improvement resulting from previous treatments. The IW remains with modified work restrictions and pain medications were renewed without any mention of decreasing dosing or frequency. There is no documentation to assess activities of daily living. Guidelines do not recommend maintenance care. Additionally, guidelines support fading of treatment frequency along with active self-directed home PT. There is no mention of a home PT program in the records. The request for PT is not medically necessary.