

Case Number:	CM15-0016805		
Date Assigned:	02/05/2015	Date of Injury:	02/08/2011
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/29/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported injury on 02/08/2011. The mechanism of injury was not provided. Documentation of 01/13/2015 revealed the injured worker was in the office for a follow-up of bilateral thumb arthritis, status post carpal tunnel releases. The injured worker had a recent increase in pain with the increased use of hands. The physical examination revealed the injured worker had well healed surgical incisions from the prior carpal tunnel releases. The injured worker had discomfort in the CMC joints. The diagnoses included right greater than left CMC joint pain with a history of osteoarthritis and chronic sprain. The treatment plan included splints. Push splints were inexpensive compared to customarily therapeutic splints, and had previously been used for thumb arthritis. The treatment plan included the injured worker had prior therapy following the carpal tunnel releases, however, did not have specific instruction in ergonomics and support for thumb arthritis. The request was made for 2 to 4 visits of certified hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy (no frequency or duration indicated) to bilateral hands/wrists: 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 California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergo therapy. There was a lack of documentation of the quantity of sessions, the objective functional benefit and remaining objective functional deficits. The documentation indicated the request for therapy had been changed to 4 visits to help with residual discomfort. However, there was a lack of documentation of objective functional deficits. The request as submitted failed to indicate the duration and the frequency for the therapy. Given the above, the request for Hand therapy (no frequency or duration indicated) to bilateral hands/wrists is not medically necessary.

Push splints: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, and Splints.

Decision rationale: The Official Disability Guidelines indicate that hand splints can ease arthritis pain, including short and rigid day splints. The clinical documentation submitted for review indicated the request was made for splints due to the injured worker's arthritis. This request would be supported. However, the request as submitted failed to indicate the body part to be treated with the Push splints. Given the above, the request for Push splints is not medically necessary.