

Case Number:	CM15-0110463		
Date Assigned:	06/17/2015	Date of Injury:	12/06/2012
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old female who sustained an industrial injury from repetitive activity. She currently complains of continued diffuse right hand pain. On physical exam there was diffuse non-focal tenderness in her palm. Per progress note dated 3/19/15 there has been no change in her examination. Medication is Nabumetone. Diagnoses include right thumb basal joint enthesopathy; early arthritis; de Quervain's tenosynovitis. Treatments to date include anti-inflammatory medication; splinting and physical therapy; cortisone injection to the right elbow for pain (6/19/14). In the progress note dated 3/19/15 the treating provider's plan of care indicates that he has requested additional physical therapy. The patient has had X-ray of the right thumb that revealed narrowing of the joint space. The medication list includes Nabumetone, Norco and Etodolac. The patient's surgical history includes right de Quervain's tenosynovitis surgery on 6/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 9 for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Physical therapy Guidelines.

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

Decision rationale: Request is for additional physical therapy x 9 for the right hand. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for additional physical therapy x 9 for the right hand is not fully established for this patient. This request is not medically necessary.