

Case Number:	CM15-0176591		
Date Assigned:	09/17/2015	Date of Injury:	04/14/2015
Decision Date:	10/20/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 50 year old male who sustained an industrial injury April 14, 2015, while lifting computer monitors out of boxes, he injured his right wrist and thumb. He underwent x-rays, was provided anti-inflammatory medication, and a wrist brace. He was later seen by an orthopedic physician and treated with a thumb spica splint, occupational therapy, and medication. According to a primary treating physicians report dated August 20, 2015, the injured worker presented with continued complaints of pain and some limited mobility in his right wrist and thumb. He reported frequent numbness in the right thumb and index finger. Objective findings included; moderate stiffness in the right thumb and hand, with pain on range of motion; slight tenderness over the right first dorsal compartment; Finkelstein's test positive on the right; Tinel's sign and Phalen's test are positive at the right carpal tunnel; and sensation is diminished in the right thumb and index finger. Grip strength on the Jamar Dynamometer measured; 20-31-25 pounds on the right and 70-82-76 pounds on the left. The physician further documented, "x-rays of the right wrist (not dated) reveal no evidence of fracture, subluxation or arthrosis." Diagnoses are right carpal tunnel syndrome; right wrist and thumb sprain, strain; right de Quervain's stenosing tenosynovitis. Treatment plan included dispensed Voltaren, recommendation for electrodiagnostic studies of the upper extremities, and at issue, a request for authorization for hand therapy quantity #12. According to utilization review dated September 3, 2015, the request for hand therapy #12 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy qty 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Physical/ Occupational therapy.

Decision rationale: According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. Furthermore, per ACOEM guidelines cited, initial therapy of the hand may involve medications, limitation of the contributing physical factors, splinting, injections, and home exercises, for example. The ODG cited states physical medicine for tenosynovitis of the forearm, wrist, and hand to be 9 visits over 8 weeks. In the case of this injured worker, treating provider notes document de Quervain's stenosing tenosynovitis and carpal tunnel symptoms, and demonstrate decreased Jamar grip strength reading on the right compared to left. Although he may benefit from a course of physical medicine, the request exceeds the 9-10 visits advised. Therefore, the request for hand therapy #12, is not medically necessary and appropriate.