

Case Number:	CM15-0095433		
Date Assigned:	05/22/2015	Date of Injury:	01/21/2013
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 57 year old male who sustained a work related injury January 21, 2013. While moving a vending machine, he felt his wrist and hand pop. Past history included hypertension, asthma, tendon repair surgery left wrist/hand, August 2013 and left wrist/hand fusion September 2014. According to a treating physician's progress report dated April 15, 2015, the injured worker presented with complaints of moderate pain in the left wrist after a lot of use. There is full range of motion in fingers, wrist fused and sensation intact. Diagnosis is documented as sprain left wrist. Treatment plan included a request for authorization for hand therapy for the left wrist.

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 wrist, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

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

Decision rationale: Hand Therapy for the left wrist, twice a week for six weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The request exceeds this number. The patient has had at least 18 prior PT sessions in the past. It is unclear why he would require 12 supervised therapy sessions. He should be versed in a home exercise program. The request for 12 therapy sessions for the left wrist is not medically necessary.