

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 10/18/2010. The primary treating diagnosis is radial styloid tenosynovitis. Additional diagnoses include reflex sympathetic dystrophy, neck pain, status post right radial nerve release, CMC arthroplasty, trigger thumb release, de Quervain's release, and chronic pain.

An initial physician review noted the patient previously received extensive physical therapy and that the medical records did not support an indication for the additional requested therapy.

IMR DECISION(S) AND RATIONALE(S)

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

1. six sessions of PT for the right hand is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, which are not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home Physical Medicine... Active therapy requires an internal effort by the individual to complete a specific exercise or task." The treatment guidelines therefore recommend specific therapy goals leading to active independent home rehabilitation. The treating physician states in the medical records that the current requested therapy is part of a functional restorative program. However, it is

unclear why this patient requires additional supervised rather than independent therapy at this time given substantial past treatment. Overall this treatment is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0013890