

Case Number:	CM15-0108016		
Date Assigned:	06/12/2015	Date of Injury:	09/05/2014
Decision Date:	10/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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:

This 32 year old woman sustained an industrial injury on 9-5-2014 after an automobile accident. The worker received immediate medical attention including medications, x-rays, and splinting of the right hand. Evaluations include MRI arthrogram of the right hand dated 9-17-2014. Diagnoses include right index, middle, and ring fingers metacarpal joint sprain or soft tissue trauma; right wrist capitate and hamate bone contusions; right scapholunate ligament perforation or canal tear; and intermittent parasthesias and pain. Treatment has included oral medications, splinting, and physical therapy. Physician notes on a PR-2 dated 5-13-2015 show complaints of two bumps on her hand, sharp numbness when grabbing for something, and pain in thumb when using tweezers or writing. The physical examination shows normal coordination, deep tendon reflexes are intact, tenderness to palpation at the base of the second and third metacarpals, positive Tinel's, small prominence over the third metacarpal, small dorsal wrist swelling, and pain with passive extension. Recommendations include repeat electromyogram and nerve conduction studies of the bilateral upper extremities, additional physical therapy, gym membership, and follow up in seven weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 4 weeks right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the injured worker has undergone prior physical therapy treatments and by now should be well versed in a home exercise program. The medical records do not establish red flags or deficits which would preclude the injured worker from participating in an independent home exercise program. The request for Additional Physical Therapy 2 x 4 weeks right hand is not medically necessary or appropriate.