

Case Number:	CM13-0003358		
Date Assigned:	12/18/2013	Date of Injury:	02/05/2013
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	07/25/2013

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 has a subspecialty in Interventional Spine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year old male with a date of injury of 02/05/2013. The diagnoses per [REDACTED] dated 07/03/2013 are left hand strain and right anterior knee (infrapatellar) bursitis. According to report dated 07/03/2013 by [REDACTED] patient feels better regarding his thumb with decreased pain. The patient denies pain or weakness in the rest of his left hand and left upper extremity. The examination showed mild focal tenderness along the extensor surface of the left hand. No tenderness on palpation of rest of patient's left hand, left wrist and rest of upper extremity with no swelling, discoloration, crepitus, atrophy or deformity noted. The treater is requesting an additional 6 physical therapy sessions for the left hand to regain strength in thumb. ⚡

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 3x2 left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

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

Decision rationale: This patient presents with a left hand strain. The treater is requesting additional 6 physical therapy sessions for the left hand to regain strength in left thumb. Review of medical records shows the patient received total of 18 therapy sessions for the left hand dating 04/16/2013 to 06/06/2013. The California Medical Treatment Utilization Schedule (MTUS) guidelines allow 9-10 sessions of therapy for myalgia, myositis type symptoms. The patient has already exceeded what is recommended by MTUS guidelines and should be able to progress to home exercises. Therefore, recommendation is for denial.