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| Case Number: | CM13-0004607 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 02/26/2013 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 07/30/2013 |

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 orthopedic surgery, and is licensed to practice in Ohio, Pennsylvania, and Texas. 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.

CLINICAL CASE SUMMARY

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

Recent clinical assessment for review is an orthopedic assessment of 07/16/13 performed by [REDACTED] indicating the claimant is now five plus months following the time of a fifth metacarpal fracture to the left hand stating he has made a "near complete recovery, except for residual mild pain in the hand". He also continued to note a slight rotational deformity. Physical examination findings at that date showed full extension and flexion of the digits including the small finger with mild rotational deformity where the nail of the small finger sits slightly under the right finger. Sensation was intact with no tenderness. It was documented that he had already undergone a significant course of formal physical therapy. In light of the claimant's recent findings, physical therapy for 16 additional sessions for the hand was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 x week x 8 weeks left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, section: Forearm, Wrist, & Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - PT

Decision rationale: Based on California MTUS Chronic Pain Guidelines and supported by Official Disability Guideline criteria in regard to physical therapy treatments in the nonsurgical setting, the continuation of this modality would not be indicated. At the last assessment of July 2013, the claimant was essentially pain free with full function noted in the form of range of motion to the hand. While there was noted to be a mild rotational deformity, this would not be indicating that it would be correctable with continued use of physical therapy at this stage in the clinical course of care. Given the lack of findings, the claimant's timeframe from injury, and essentially full improvement from the fracture in question, the 16 additional sessions of therapy would not be supported.