

Case Number:	CM13-0006282		
Date Assigned:	11/27/2013	Date of Injury:	10/08/2012
Decision Date:	01/14/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/02/2013

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 and is licensed to practice in Texas, Illinois, and Indiana. 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:

The patient is a 70-year-old male who sustained a work related injury on 10/08/2012 after a trip and fall. There is no surgical history documented. The Primary Treating Physician's Progress Report dated 07/09/2013 indicated that the patient was authorized physical therapy to the left hand. As per the most recent Primary Treating Physician's Progress Report dated 10/22/2013, the patient reported subjective complaints of left hand and wrist numbness, pins and needles and tingling sensation, and aching pain that shot up the left arm. No objective findings were documented at that time. The patient's diagnoses included sprain of the left upper extremity, left carpal tunnel syndrome, and early triggering of the ring and small fingers on the left hand. The treatment plan indicated that the patient was awaiting authorization for left carpal tunnel release and the request for authorization of physical therapy of the left hand and wrist 2 times a week over 4 weeks to help with pain and increase range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left hand, #8: Upheld

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

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

Decision rationale: The request for physical therapy 2x4 weeks for left hand and wrist exceeds CA MTUS recommendations. The clinical information submitted for review lacks documentation of the patient's progress or response to prior physical therapy. Additionally, there is no documentation provided for review indicating the patient's compliance with a home exercise program. Therefore, based on the lack of documentation received for this review and CA MTUS Guidelines, the medical necessity for physical therapy 2x4 weeks for left hand and wrist has not been established.