

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0037148 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 03/21/2011 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

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 & Rehabilitation and is licensed to practice in Oklahoma 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. 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:

This patient is a 34 year-old male who reported his date of injury 03/21/2001. The injury was a crush injury to his right hand and wrist sprain. Per records provided the patient is status post four surgical corrections for the right hand crush injury. The patient pain is controlled with Motrin. The patient shows inability to flex first PI, and decreased median nerve sensations.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions for the right hand (2x4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

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

Decision rationale: The request for 8 Physical Therapy sessions for the right hand is non-certified. The patient is status post four surgical corrections for the right hand crush injury. The patient shows inability to flex first PI, and decreased median nerve sensations. The California Guidelines recommend fading of treatment frequency (from up to 3 visits per week to 1 or less),

plus active self-directed home Physical Medicine. The request is non-certified due to no medical records provided.