

Case Number:	CM13-0041689		
Date Assigned:	12/20/2013	Date of Injury:	05/22/2009
Decision Date:	02/11/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation 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 51-year-old male with date of injury on 05/22/2009. The progress report dated 09/26/2013 by [REDACTED] indicated the patient's diagnoses include: 1. Laceration, eyebrow. 2. Multiple contusions, arm. 3. Contusion, chest wall. 4. Cubital tunnel syndrome. 5. Pain, ankle. 6. Laceration, right ulnar nerve, status post neuroplasty. 7. Hand pain in the left. The patient presented reporting that he had developed left hand symptoms and pain that started in the mid palm aspect of the left hand and radiates up to 1/3 of the volar aspect of his forearm. The patient also reported gripping problems and was afraid of dropping his coffee when he picks it up. The patient has recently developed this as they have overcompensated due to limited use of the right hand. Exam findings included increased pain to deep palpation to the mid palm which radiates along the midline one quarter of the forearm. Range of motion was normal of the hand and wrist. Tinel's sign was negative. Circulatory findings were normal, pulses and color. The treating provider recommended 9 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine (9) physical therapy visits between 10/4/13 and 11/18/13: Overturned

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

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

Decision rationale: The records indicate that this patient has recently developed left hand pain which radiates into the forearm and has noticed weakness in grip strength. This has developed secondary to overcompensating with disuse of the right hand as it has been the primary problem in this case. MTUS Guidelines support the recommendation of 9 to 10 physical therapy visits of myalgia and myositis. The records appear to indicate this is a new problem that this patient has developed and has not had previous physical therapy for the left hand. The requested 9 visits are within the MTUS Guidelines. Authorization is recommended.