

Case Number:	CM13-0044308		
Date Assigned:	02/03/2014	Date of Injury:	04/09/2013
Decision Date:	05/02/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and Pulmonary Diseases 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 expert 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 57-year-old male who reported an injury on 04/09/2013. The mechanism of injury involved an altercation with a suspect. The patient is currently diagnosed with left shoulder strain, right elbow contusion, and right fifth proximal metacarpal fracture dislocation. The patient was seen by [REDACTED] on 10/14/2013. Physical examination on that date revealed limited range of motion, minimal swelling, tenderness to palpation, and numbness. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY SESSIONS TWO TO THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines, Forearm, Wrist and Hand Section.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the

documentation submitted, the patient has previously participated in an extensive amount of physical therapy. The patient continues to report difficulty with grasping objects and weakness in the fourth and fifth digits. The patient also reports numbness, swelling, and soreness. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. The request for additional physical therapy sessions two to three times a week for four weeks is not medically necessary and appropriate.