

Case Number:	CM13-0055179		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2013
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/20/2013

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 Orthopedic Surgery; has a subspecialty in Hand Surgery and is licensed to practice in Texas and Georgia. 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 injured worker is a 30-year-old male who reported an injury on January 07, 2013 after his fingertips were sliced by a wood chipper machine while performing normal job duties. The injured worker's treatment history included immobilization and stitches. The injured worker was evaluated on October 16, 2013. The injured worker had right hand pain and finger pain rated at a 7/10 to 8/10. The injured worker had participated in three (3) visits of physical therapy and did have functional improvement. The injured worker could make a fist; however, had slow opposability between the thumb and each of the other digits of the hand. The the injured worker lacked full extension of the 3rd digit. The injured worker's diagnoses included osteochondroma of the right 2nd digit, right upper extremity paresthesia, right shoulder bicipital tendonitis, and right shoulder acromioclavicular joint disorder. The injured worker's treatment plan included continuation of physical therapy to address remaining deficits, an electrodiagnostic study of the right upper extremity, and an x-ray of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKD FOR THE RIGHT HAND/RIGHT WRIST: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend up to 8 to 10 visits for radiculopathy, neuritis, and myofascial pain. The clinical documentation submitted for review does indicate that the injured worker had already participated in three (3) sessions of physical therapy. This in combination with the requested additional eight (8) visits would exceed guideline recommendations. Although, additional physical therapy would benefit the injured worker, there are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested additional physical therapy two (2) times per week for four (4) weeks for the right hand/wrist is not medically necessary or appropriate.