

Case Number:	CM13-0070103		
Date Assigned:	01/03/2014	Date of Injury:	04/04/2013
Decision Date:	04/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 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 53-year-old male who reported injury on 04/04/2013. The mechanism of injury was noted to be the patient was utilizing a skill saw and cut his right hand, and had a near amputation of the fifth digit. The patient's diagnoses were noted to include right thumb laceration of FCR tendon; laceration and repair of the right median nerve; status post complex laceration of the right hand; status post right thumb surgery with hardware; right wrist sprain/strain, rule out internal derangement; status post right small finger amputation at PIP; as well as status post right hand surgery. The documentation of 10/23/2013 revealed the patient had complaints of pain at a level of 6/10 to 7/10 in the right hand/wrist was decreased from 8/10 on the last visit. The examination of the right wrist and hand revealed there was grade 2 to 3 tenderness to palpation decreased from 3 on the last visit. The treatment plan included chiropractic evaluation and treatment for the right shoulder and right hand 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT HAND, 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine & Manual Therapy Page(s): 98, 99 58, 59.

Decision rationale: California MTUS Guidelines recommend physical therapy for a maximum of 9 to 10 visits for myalgia and myositis and manual therapy is not recommended for the hand. The request per the physician was for chiropractic care, and the submitted request was for physical therapy for the right hand, there was a lack of documentation of clarity to apply the appropriate guidelines. Manual therapy is not supported for the wrist and hand for California MTUS Guidelines. Given the lack of clarity, the request for physical therapy for the right hand, 12 sessions, is not medically necessary.