

Case Number:	CM14-0003882		
Date Assigned:	02/05/2014	Date of Injury:	07/24/2013
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 Family Practice 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 injured worker is a 42-year-old male who sustained an injury to his left thumb on 07/24/13 when he jammed his left thumb in a cabinet of a crew truck while putting paint can inside. The injured worker was diagnosed the left thumb strain and prescribed medications as well as being placed on work restrictions. About three weeks later, the injured worker was referred to a course physical therapy which helped improve his range of motion. The injured worker denied receiving any other treatment for the thumb. The injured worker reported MCP joint pain, mostly dorsally, as well as all pain at 4/10 VAS. Physical examination noted that he could not bring thumb across the palmar aspect of the hand to touch the metacarpophalangeal (MCP) joint of the fifth finger; there is about 3 cm from obtaining this. The injured worker has returned to modified work with limited left-hand use as a lead construction technician.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH WORK HARDENING PROGRAM FOR THE HAND, 3 TIMES A WEEK FOR 3 WEEKS (X9): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines- Physical Medicine..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist And Hand Chapter, Physical/ Occupational Therapy.

Decision rationale: The request for physical therapy with work hardening for the left hand, three times a week for three weeks is not medically necessary. The previous request was denied on the basis that the injury was over five months ago and the injured worker has received extensive physical therapy to include 18 visits of physical therapy to the left thumb. He reported that pain is reduced and he feel 70% better. The ODG recommends up to 9 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home physical therapy . The injured worker is already exceeded the guideline recommendations for physical therapy and there was no documentation that an employer verified physical demands analysis (PDA) has been obtained and that a functional capacity evaluation showing consistent results with maximal effort has been obtained. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy with work hardening program for the left hand, three times a week for three weeks has not been established. Therefore the request is not medically necessary.