

Case Number:	CM14-0004336		
Date Assigned:	02/05/2014	Date of Injury:	02/17/2013
Decision Date:	06/26/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 02/17/2013 from a slip and fall. Within the clinic note dated 01/08/2014, the injured worker reported complaints of left knee pain that was pending surgery authorization, left wrist pain that was improving and right hand trigger finger. The physical exam revealed the right hand was positive for trigger finger in the middle finger that was neurologically intact with good capillary refill and good range of motion with strength and motor rated 4/5. The diagnoses include left knee sprain/strain, right hand trigger finger and left hand wrist carpal tunnel syndrome. The case notes reveal the injured worker had already completed 24 sessions of physical therapy to the hands and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION OF PHYSICAL THERAPY, THREE TIMES PER WEEK FOR TWO WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: The California MTUS Guidelines indicate the usage for physical therapy is in the presence of functional deficits. Furthermore, the Guidelines recommend for neuralgia, neuritis and radiculitis a limit of 8 to 10 visits over 4 weeks. The medical records reflect that the injured worker had completed 24 sessions of physical therapy previous to date, therefore, the request would exceed guideline recommendations. Additionally, the medical records do not show any documentation of functional deficits nor does the request specify which body part is to undergo physical therapy. Therefore, the request for continuation of physical therapy, 3 times per week for 2 weeks is not medically necessary and appropriate.