

Case Number:	CM14-0107441		
Date Assigned:	08/01/2014	Date of Injury:	10/21/2013
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old male with an injury date of 10/21/13. Based on the 05/21/14 initial evaluation by [REDACTED], the patient complains of experiencing left hand problems with some numbness and tingling that shoots down the arm. It appears to be along the ulnar nerve distribution. In addition to that he has pain in the hand that is persistent following a 10/22/13 surgery for a puncture wound to this hand. According to the 05/21/14 report he is greater than 100% stronger on the right side than the left. The 04/11/14 supplemental report by [REDACTED], reports a high degree of variability between the left and right grip strength. The patient's diagnoses include: Status post puncture wound to volar aspect ulnar aspect of the left hand with flexor tendon laceration, subsequently complicated by wound infection and subsequently drainage took place; Residual sensory abnormalities in the ventral forearm in the ulnar nerve distribution, as well as some weakness compared to the right side. [REDACTED] is requesting 12 physical therapy visits for the left hand. Treatment reports were provided from 01/09/14 to 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: According to the initial transfer of care evaluation of 05/21/14, the patient presents of experiencing left hand problems with some numbness and tingling that shoots down the arm. He also has pain in the hand that is persistent following surgery for a puncture wound to this hand. The request is for 12 physical therapy visits for his left hand. The patient may have had physical therapy in the past; however, there is no documentation of how and with what many sessions, when benefit. The surgery was 10/22/13 and is over post-operative time frame. For non-post-operative therapy treatments, MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The treater has asked for 12 total sessions over an unspecified period of time. The treater does not provide a history of the patient's therapy treatment and the request of 12 sessions exceeds what is allowed per MTUS. Therefore, the request is not medically necessary.