

Case Number:	CM14-0010540		
Date Assigned:	02/21/2014	Date of Injury:	10/04/2006
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 55-year-old female, who was injured on October 4, 2006. On January 9, 2014, the claimant is documented as being evaluated and having complaints of stiffness and pain in the right fingers. The claimant is documented as having improved previously with physical therapy, but is presently in a wheelchair for non-industrial accident of the ankle. The physical examination documents that the scars appear but the claimant lacks internal extension of the IP joint and MP joints. The claim is documented as having postoperative stiffness. The utilization review in question was rendered on January 21, 2014. The reviewer noncertified the request for six physical therapy sessions for the right fingers. The clinician indicates that the claimant has recently been utilizing crutches secondary to an unrelated ankle injury but has not had a flareup of pain. Otherwise, claimant is documented as doing well following the previous operative intervention for trigger finger release on September 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR 6 SESSIONS TO THE RIGHT FINGERS:

Overtuned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, FOREARM, WRIST, AND HAND TRIGGER FINGER,

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

Decision rationale: For the treatment of myositis, the California Medical Treatment Utilization Schedule (CAMTUS) supports up to 10 physical therapy visits for the management of chronic pain. Based on clinical documentation provided, the claimant returns with flare-up of right hand pain with associate diminished range of motion. As such, the request for Additional Physical Therapy For 6 Sessions To The Right Fingers is considered medically necessary.