

Case Number:	CM14-0017079		
Date Assigned:	04/14/2014	Date of Injury:	08/03/2013
Decision Date:	05/29/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 Internal Medicine, 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 61 year old male who was injured on 08/03/2013. His left hand was caught between two roles of sheet metal. Prior treatment history has included injection and prescription medication. The patient takes Aleve over the counter. Diagnostic studies reviewed include electrodiagnostic study of the upper extremities revealing normal EMG/NCV on 10/08/2013. On 10/15/2013 MRI of the left wrist revealed fracture of the proximal fifth metacarpal diaphyses. There are degenerative changes and subchondral cyst seen in the area of the fracture. The degree of healing cannot be evaluated on MRI but the findings are worrisome for incomplete healing or non-union. An MRI of the left hand on 10/15/2013 revealed findings consistent with tear of the radial collateral ligament at the first metacarpophalangeal joint. Contusion of the first metacarpal head. Mild 1st metacarpophalangeal joint degenerative changes and soft tissue edema surrounding the first metacarpophalangeal joint. Progress note dated 11/11/2013 documented the patient returns and notes that his left hand pain is resolved. Objective findings on exam reveal the following range of motions: Flexion 60 degrees bilaterally, radial deviation 20 degrees bilaterally and ulnar deviation 30 degrees bilaterally. Provocative testing was negative bilaterally. Grip strength on the right 28 kg, 28 kg, 28kg, and on the left 2 kg, 0 kg, 0 kg. Neurological examination reveals pinprick and light touch intact bilaterally with no dermatomal deficits. Diagnosis: Healed left fifth metacarpal fracture. Plan was for physical therapy to regain hand strength, function and coordination. PR-2 dated 02/26/2014 documented the patient with complaints of pain in the left wrist/hand. Light touch sensation left index finger tip, left dorsal thumb, left small tip are all intact. Diagnosis: 1. Left hand fracture. 2. Left wrist internal derangement PR-2 dated 04/02/2014 documented the patient with complaints of pain in the left wrist/hand. Light touch sensation: Bilateral index tip, dorsal thumb and left small tip are all intact. Diagnosis: 1. Left hand fracture 2. Left wrist internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT

WRIST/HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Forearm, Wrist & Hand, Physical/Occupational therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Physical/Occupational therapy.

Decision rationale: CA MTUS/ACOEM guidelines recommend initial and follow-up visits for education, counseling, and evaluating home exercise. In this case, this patient has pain in left wrist and left hand. While physical therapy was recommended for improving strength and function of the hand, there is no documentation that the patient in fact received physical therapy or benefited from it. The most recent progress reports indicates recent physical exam findings limited to documentation of light touch sensation intact in bilateral index tip, bilateral dorsal thumb web, and bilateral small tip. There is no documentation of comprehensive physical exam deficits to determine if the requested physical therapy treatment will provide any therapeutic benefit. This patient was diagnosed with left hand fracture and left wrist/hand internal derangement and the request is for 2 x a week for 6 weeks (12 sessions) of physical therapy to left wrist/hand. However, as per ODG, 9 visits over 3 weeks of physical therapy is recommended with fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. As such, the request is considered not medically necessary and appropriate.