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| Case Number: | CM14-0112889 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 02/11/2014 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 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:

This is a 36-year-old male with a 2/11/14 date of injury, when he fell and injured his right hand and right ribcage. The periodic report dated 5/27/14 indicated that the patient complained of no pain in right fingers and his mobility and strength of the 3rd and 4th digits improved with physical therapy (PT). The physical examination of the right hand revealed no lesions, no edema, and no atrophy and full extension of the 4th digit. The extension in the 3rd digit improved and PIP flexion was 5-10 degrees. The JAMAR grip strength results of the right hand were 35, 40, 35 kg and of the left hand 45, 45, 50 kg. An MRI and FCE were pending. The diagnosis is right hand injury and strain of the 3rd and 4th digits. Radiographs of the right hand dated 2/12/14 (the radiology report was not available for the review) revealed no fracture. Treatment to date: physical therapy, work restrictions and medications. An adverse determination was received on 6/27/14 given that the precise diagnosis was not provided and that the patient had unknown number of sessions of physical therapy (PT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1x6 right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The periodic report dated 5/27/14 stated that the patient benefited from the physical therapy. However, there is a lack of documentation indicating how many sessions were completed and there is no evidence of subjective functional gains from the treatment. In addition, there is no rationale with regards to the additional PT with clear defined goals. Given the date of injury over 6 months ago, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical therapy 1x6 right hand was not medically necessary.