

Case Number:	CM14-0134952		
Date Assigned:	08/27/2014	Date of Injury:	08/17/2012
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 Pain 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 patient is a 58 year old male with an injury date of 8/17/12. Based on the 7/02/14 progress report by [REDACTED], this patient complains of "left hand improving gradually, having discomfort with distorted symptoms in the hand, and still dropping objects." An exam of this patient shows "range of motion in the hand 90% with increasing sensation in the left hand." Diagnosis for this patient is left index and thumb manipulation under anesthesia with benefit on 2/22/14. The utilization review being challenged is dated 7/22/14. The request is for post-operative physical therapy to the left hand, index finger, left thumb two times a week for six weeks. The requesting provider is [REDACTED] and he has provided various progress reports from 1/16/14 to 8/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy two times a week for six weeks for the left hand, index finger, left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment

Guidelines ODG-TWC, Forearm, Wrist & Hand chapter online: Manipulation under anesthesia (MUA).

Decision rationale: This patient presents with pain in his left hand. The provider requests post-operative physical therapy to the left hand, index finger, left thumb two times a week for six weeks. This patient is 4 months post-op. Official Disability Guidelines-TWC guidelines, Forearm, Wrist & Hand chapter online: Manipulation under anesthesia (MUA): Not recommended for the wrist, hand or fingers. There is no high quality studies published in peer-reviewed journals accepted into Medline. Therefore, this request is not medically necessary.