MAXIMUS Federal Services

Case Number:	CM14-0157151		
Date Assigned:	09/30/2014	Date of Injury:	04/12/2013
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 & Rehabilitation 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 injured worker is a 32 year-old male who sustained injuries on April 12, 2013. The injured worker was seen by the treating physician on April 24, 2014 and May 16, 2014 with complaint of pain in his left hand between his thumb and index fingers. Extremity examination revealed new skin formation, three millimeter by three millimeter and three millimeter thick lesion in the palm which was painful and tender to palpation. Full range of motion of the wrist digits was noted. X-ray exam of the left hand done on April 24, 2014 revealed no abnormal findings. He underwent excision of left palmar lesion on May 30, 2014. He was reevaluated on June 13, 2014 and noted that he was doing well with no pain complaint or discomfort. Extremity examination revealed no erythema, drainage or edema and there was full range of motion.The injured worker attended 18 sessions of physical therapy to address right stump pain until March 14, 2014. Therapy visit dated March 14, 2014 showed that he was feeling better but still had considerable pain. He was being examined from April to August 2014 regarding his right knee stump. Examination of the right knee showed phantom limb symptomatology. He was wearing prosthetic leg for the right lower extremity which was loosely fit and did not seem to allow stability when walking. Hypersensitivity at the amputated leg was also noted.

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.

Decision rationale: The injured worker has no pain complaint involving his left hand and there was no objective evidence of deficit on examination of the left hand to necessitate supervised physical therapy. The California Medical Treatment Utilization Schedule (MTUS) specified that physical medicine can be used sparingly to help control swelling, pain and inflammation during the rehabilitation process. Therefore based on the lack of positive objective findings and the guidelines the request is not medically necessary.