

Case Number:	CM14-0174882		
Date Assigned:	10/28/2014	Date of Injury:	11/27/2013
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational 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 61-year-old female with an 11/27/13 date of injury, when she sustained lacerations to the 3rd and 4th left fingers while operating a machine. The progress notes indicated that the patient attended at least a course of PT twice a week for 4 weeks in November 2013. The patient was seen on 10/6/14 with complaints of pain in the left hand, wrist, right arm and lower back. Exam findings of the left wrist revealed tenderness to palpation, ranges of motion within normal limits and negative Tinel's and Phalen's signs. The examination of the left hand revealed severe tenderness to palpation at the 3rd and 4th digits, flexion contracture of the PIP and DIP of the 3rd and 4th fingers and very restricted ranges of motion of the 3rd and 4th fingers. The diagnosis is left wrist sprain/tendinitis; deep laceration of left 3rd and 4th fingers and lumbar spine strain/sprain. Treatment to date: work restrictions, physical therapy and medications. An adverse determination was received on 10/16/14 for a lack of documentation indicating the nature of the injury, the information regarding a surgery and prior treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

(8) Physical Therapy for the left hand and wrist 2 times a week for 4 weeks as an outpatient.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: California Medical Treatment Utilization Schedule (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. However the progress notes indicated that the patient underwent PT in 2013, there is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, it is unclear if the patient sustained new injuries to the left wrist. Given the patient's injury almost a year ago, it is not clear why the patient cannot transition into an independent home exercise program. Lastly, there is no rationale with clearly specified goals with PT treatment for the patient. Therefore, the request for (8) Physical Therapy for the left hand and wrist 2 times a week for 4 weeks as an outpatient was not medically necessary.