

<b>Case Number:</b>	CM14-0022980		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Interventional Spine 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 46 year-old male who was injured on 6/28/13 when he was pushing windows through a glazer and he this thumbs popped. The records provided for this IMR are mixed with 2 different patients, there is also a 51 year-old male who was injured when he fell from a ladder. The IMR application shows a dispute with the 2/10/14 UR letter. The 2/10/14 UR letter is from [REDACTED] and is for denial of PT x8 for the bilateral hands and wrists. The letter states the patient has already had 27 PT sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY BILATERAL HANDS /WRISTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with bilateral hand/thumb pain. The 10/3/13 orthopedic report from [REDACTED] states the pain is 6-8/10. The plan was for PT and acupuncture. The UR letter states the patient has already completed 27 sessions of PT, but I am not able to verify this

as I have not been provided all PT notes. [REDACTED] report does not discuss outcome of prior PT. MTUS guidelines recommend 8-10 sessions of PT for various myalgias or neuralgias. The request before me is not a complete prescription for PT, as it is missing the duration and frequency and total number of sessions. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.