

Case Number:	CM14-0024065		
Date Assigned:	03/14/2014	Date of Injury:	05/24/2013
Decision Date:	08/01/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	01/15/2014

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, and is licensed to practice in Illinois. 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 24-year-old male with a reported date of injury of 05/24/2013. The mechanism of injury was not provided. The injured worker did have an examination on 11/05/2013 for a follow-up for a postoperative excision of the left thumb mass. The injured worker reported having minimal pain and swelling. There was no indication of any home exercise program. There was no swelling noted, and the range of motion was painless but limited. There was mild tenderness over the actual incision site. The sensation was intact to light touch. The plan of treatment was to have occupational therapy twice a week for three (3) weeks for range of motion and also to have a home exercise program. The Request for Authorization was signed on 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of Physical Medicine Treatment to the Left Thumb.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 21.

Decision rationale: The request for six sessions of physical medicine treatment to the left thumb is non-certified. The California Guidelines do recommend postsurgical treatment for the initial course of therapy to be one-half of the number of visits specified in the general course of therapy. The California MTUS Guidelines also suggest that if postsurgical physical medication is medically necessary, an initial course of therapy may be prescribed with documentation of functional improvement. Postsurgical Guidelines recommendation for the treatment for the removal of a ganglion cyst is 18 visits over 6 weeks, which in half would make it 9 visits over 3 weeks. The guidelines do state a special consideration is that postsurgical physical medicine is rarely needed for a ganglionectomy. Furthermore, the duration of physical medicine was not provided. Therefore, the request for the 6 sessions of physical medicine is not medically necessary and appropriate.