

Case Number:	CM14-0030165		
Date Assigned:	06/20/2014	Date of Injury:	10/12/1999
Decision Date:	08/05/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 59-year-old male who reported an injury on 10/12/1999. Prior treatments included physical therapy and surgical intervention. The mechanism of injury was not provided. The documentation indicated the injured worker had been approved for 24 postoperative physical therapy sessions due to a metacarpal collateral ligament reconstruction. The physical therapy note of 02/13/2014 revealed the injured worker had sharp and dull pain to the first metacarpophalangeal (MCP) joint. Along the dorsal aspect of the carpals is the same as when he began therapy. The numbness was less. Symptoms worsened by the end of the day. On that note it was indicated the mechanism of injury was the injured worker was rehabilitating his left shoulder in a gym and was holding a weight in his left hand and something popped in his left hand. The first surgery was in 11/2012 for a debridement, and on 10/29/2013 there was a reconstruction of the first MCP. The injured worker indicated he had a fracture of the left wrist when he was a child, and the bone grew abnormally, causing wrist range of motion limitations. The injured worker had decreased grip strength per the dynamometer with the elbow extended and lateral pinch measures in the left hand as compared to the right. The injured worker had first web space moderate intrinsic wasting and hyperthenar eminence that was moderate. The documentation of 02/20/2014 revealed the injured worker had pain, stiffness, and instability of his left wrist with limited range of motion. It was indicated the injured worker was attending physical therapy, however, progressing slowly. The injured worker had x-rays of the left hand and left wrist, which revealed increased osteoarthritis. The diagnosis included osteoarthrosis, unspecified whether generalized or localized in a joint and peripheral enthesopathies and allied syndromes, other specified disorders. The treatment plan included physical therapy 3 times a week times 4 weeks to help increase range of motion and muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x/4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines indicate that the treatment for an MCP collateral ligament reconstruction is 18 visits. The clinical documentation submitted for review indicated the injured worker had a total of 24 visits that were authorized. It was indicated that the injured worker was making slow progress. The injured worker would have benefited from additional sessions if there was documentation of objective functional deficits that remained to support further exceeding the guideline recommendations. The request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for 12 physical therapy sessions is not medically necessary.