

Case Number:	CM14-0041323		
Date Assigned:	06/30/2014	Date of Injury:	10/30/2012
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 Pain 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:

The injured worker is a 43-year-old male with an industrial injury on October 30, 2012. The mechanism of injury occurred when the injured worker was pushing wood into a machine and the woodchip got into his hand. The diagnoses include rights hand laceration, trigger finger, bilateral carpal tunnel syndrome, and right wrist sprain. Treatments to date have included physical therapy with 19 visits on file, pain medications, removal of a foreign body in the right hand, TENS unit, injections, and home exercises. A utilization review determination attempted to make peer-to-peer contact on March 18, 2014. The utilization reviewer had noncertified this request, citing that there was no indication of functional improvement with physical therapy to date. Therefore it was felt that additional physical therapy was not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 weeks for the right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilit Guidelines (ODG) Forearm, Wrist, and Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine Section>, page(s) 99 Page(s): 99.

Decision rationale: Further physical therapy is contingent on demonstration of functional improvement with prior physical therapy. The recent progress notes indicate that the requesting provider is concerned about trigger finger, which is typically not amenable to a full course of physical therapy. Given the lack of benefit from prior physical therapy (as well as enumeration of the number of visits attended to date), this request is not medically necessary.