

Case Number:	CM14-0041426		
Date Assigned:	06/27/2014	Date of Injury:	02/09/2013
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
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 Management 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 patient is a 38-year-old with a date of injury of February 9, 2013. The listed diagnosis per [REDACTED] is right index finger fracture. This patient is status post 2 right finger surgeries on February 14, 2013 and June 20, 2013 with continued stiffness. According to progress report February 24, 2014 by [REDACTED], the patient presents with right hand pain, weakness, and stiffness. Examination revealed swelling of proximal segment in the right index finger and decreased range of motion with inability to make a full fist. The index finger is one finger breath away from the thenar eminence. There is also weakness noted with right hand grip. The treater is requesting the patient restart physical therapy in order to improve her range of motion, her strength, and her function. Request is for physical therapy one time a week for one week for the right hand. Utilization Review denied the request on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right hand, once weekly for one week: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG), Online Edition, Chapter: Forearm, Wrist, & Hand - Physical/ Occupational therapy.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pages 98, 99.

Decision rationale: This patient presents with continued right hand pain, stiffness, and weakness. The patient is status post two surgeries from February 14, 2013 and June 20, 2013 with continued pain and stiffness. The medical file provided for review does not include any physical therapy progress reports. Utilization Review denied the request stating duration or number of physical therapy sessions being requested was not specified and there is no compelling indications warranting reinitiating of physical therapy. For physical medicine, the Chronic Pain Medical Treatment Guidelines recommends for myalgia and myositis type symptoms, nine to ten sessions over eight weeks. In this case, the patient is status post right finger surgery on June 20, 2013 and continues with symptoms. The request for physical therapy for the right hand, once weekly for one week, is medically necessary and appropriate.