

Case Number:	CM14-0047211		
Date Assigned:	07/02/2014	Date of Injury:	07/24/2013
Decision Date:	08/06/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/15/2014

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, 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 42-year-old male with date of injury of 07/24/2013. The listed diagnoses per [REDACTED] dated 12/26/2013 is left thumb strain. According to this report, the patient complains of left hand/digit pain. He complains of pain and stiffness in the thumb at a rate of 3/10 to 5/10. He reports that his pain is 70% better. The objective finding shows he cannot bring his thumb across the palmar aspect of the hand to touch the metacarpophalangeal (MCP) joint of the fifth finger. He is about 3 cm from obtaining this. He can completely flex the distal joint of the thumb. He has no swelling or discoloration. The patient's capillary refill is within 2 seconds. Finkelstein's is positive. Tinel sign is negative. The utilization review denied the request on 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to include work hardening x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Hand, Wrist, and Forearm Chapter Official Disability Guidelines: Capabilities and Activity Modification for Restricted Work.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Physical Medicine Guidelines - Work Conditioning.

Decision rationale: This patient presents with left hand and digit pain. The provider is requesting additional physical therapy to include work hardening x6. The California MTUS Guidelines, page 98 and 99 on physical medicine, recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In addition, the California MTUS Guidelines, page 125 on work conditioning/work hardening, recommends this as an option depending on the availability of quality programs. The criteria for admission to a work hardening program includes: work-related musculoskeletal condition with functional limitations precluding ability to simply achieve current job demands; adequate trial of physical therapy or occupational therapy with improvement followed by plateau but not likely to benefit from continued physical therapy or occupational therapy; not a candidate for surgery; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for 3 to 5 days a week; a defined return to work goal agreed to by the employer and employee, etc. ODG further recommends 10 visits over 8 weeks. The progress report dated 12/26/2013 by [REDACTED] documents, At this point, options are continued therapy. The patient has had excellent relief with therapy. Therapy will involve strengthening and work conditioning. The records show a physical therapy report dated 01/10/2014 documenting that the patient continues to complain of a sore thumb which is consistent with deconditioning. This physical therapy report does not document the number of visits to date as well as the patient's current progress. The UR notes that the patient received 18 sessions of physical therapy. In this case, the patient received some 18 PT visits and when combined with the requested 6 sessions would exceed MTUS and ODG Guidelines for PT and work hardening. In additional, the provider does not explain that the patient has a job to return to, to qualify for a work hardening program. Therefore the request is not medically necessary.