

Case Number:	CM14-0047571		
Date Assigned:	06/25/2014	Date of Injury:	11/27/2013
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/31/2014

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 54-year-old female with an injury date of 11/27/13. Based on the 12/04/13 progress report provided by the provider, the patient complains of right shoulder pain, right upper arm pain, left thumb pain, right knee pain, and weakness in her arm/hand. The patient has occasional neck pain and stiffness as well as stiffness in her shoulders and swelling of the arm and thumb. X-rays of the left thumb demonstrate the presence of distal phalanx fracture. The diagnoses include right humerus greater tuberosity fracture, left thumb distal phalanx fracture, right shoulder pain, and left hand pain. The provider is requesting for physical therapy three times a week for three weeks for the left thumb. The utilization review determination being challenged is dated 03/05/14. The provider is the requesting provider, and he provided treatment reports from 12/20/13- 03/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT), THREE TIMES A WEEK FOR THREE WEEKS FOR THE LEFT THUMB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm Wrist and Hand.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the 12/04/13 report by the provider, the patient presents with right shoulder pain, right upper arm pain, left thumb pain, right knee pain, and weakness in her arm/hand. The request is for physical therapy three times a week for three weeks for the left thumb. The 02/21/14 report states that the patient "Does not experience any pain to shoulder and thumb. The patient started physical therapy on her left thumb on 02/11/14." The MTUS guidelines states that for myalgia and myositis, 9-10 visits are recommended over eight weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treating physician does not mention the total number of physical therapy sessions the patient has had, nor does he mention how the therapy specifically benefitted the patient. Due to lack of documentation, the recommendation is for denial.