

Case Number:	CM14-0050173		
Date Assigned:	07/07/2014	Date of Injury:	10/01/2013
Decision Date:	10/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 51-year-old female who reported an injury on 10/01/2013 after falling at work, landing on her hands and knees. The injured worker complained of bilateral hand pain and bilateral knee pain. The injured worker had a diagnosis of left hand sprain, right hand sprain, left knee contusion, face contusion, left shoulder muscle strain, right shoulder muscle strain, thoracic spine strain, and tendonitis. Past treatments included physical therapy and medication. The objective findings dated 03/07/2014 to the right hand revealed full range of motion, tenderness to palpation of the dorsal hand, vascular revealed brisk cap refill, radial pulse intact, sensation was grossly intact to light touch, muscle strength of 4/5, left hand revealed active range of motion full with pain, tenderness to palpation at the 4th and 5th digit, vascular was brisk cap refill, radial pulse intact. The bilateral shoulders included full active range of motion, tenderness to palpation was negative, negative impingement sign, vascular distal pulse intact, sensation was grossly intact to light touch with the muscle strength of 5/5. The physical examination of the cervical spine revealed full range of motion, no tenderness to palpation at the paraspinal muscles, no midline tenderness to palpation, mild tenderness to palpation over the bilateral trapezius muscle, negative Spurling's test, and axial loading, 5/5 muscle strength to the upper extremities, 2/4 deep tendon reflexes to the biceps, neurovascular intact. The medications included Motrin 600 mg. The treatment plan included physical therapy. The request for authorization dated 07/07/2014 was submitted with documentation. The rationale for the additional physical therapy was to focus on the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Physical Therapy Visits to the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 14, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines

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

Decision rationale: The request for six physical therapy visits to the left hand is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines recommend up to 10 visits of physical therapy. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The clinical notes indicate that the injured worker had received 16 visits that included the hands. The objective finding did not warrant additional therapy. Therefore, the request is not medically necessary.