

Case Number:	CM14-0073040		
Date Assigned:	07/16/2014	Date of Injury:	11/11/2010
Decision Date:	10/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/20/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 50 year old female was reportedly injured on November 11, 2010. The mechanism of injury was noted as a cumulative trauma type event. The most recent progress note, dated April 2, 2014, indicated that there were ongoing complaints of distal left upper extremity pain. The physical examination demonstrated well healed surgical scars and tenderness to palpation in the long finger. There was no evidence of triggering or stenosing tenosynovitis, and a decreased sensation was noted. Diagnostic imaging studies were not discussed in this narrative. Previous treatment included psychiatric care, surgical intervention, occupational/physical therapy, multiple medications and pain management interventions. A request was made for additional hand therapy and was non-certified in the preauthorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy two (2) times a week for four (4) weeks to the Left Hand/Fingers: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the injury sustained, the date of surgery, the metaphysical therapy completed postoperatively and the most recent physical examination, there is no clear clinical indication presented for additional physical therapy at this time. As outlined in the Medical Treatment Utilization Schedule (MTUS), physical therapy is to be accomplished within the first five weeks after the date of injury. Transition to home exercise protocol is indicated. Therefore, when noting the clinical data and by the parameters identified in the MTUS, the medical necessity for this is not established.