

Case Number:	CM14-0087938		
Date Assigned:	07/23/2014	Date of Injury:	01/29/2014
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 42-year-old male who was reportedly injured on 1/29/2014. The mechanism of injury was noted as a laceration to the right palm below his thumb on the edge of an aluminum lid while lifting a trash bag. The most recent progress note, dated 7/14/2014, indicated that there were ongoing complaints of right shoulder pain and right wrist and thumb pains. Physical examination demonstrated some increased range of motion with abduction, opposition, apposition and increased grip strength and tenderness over the right palm laceration. Positive Hawkin's and impingement sign of the right shoulder. Plain radiographs of the right hand in both wrists were normal. Previous treatment included physical therapy. A request was made for physical therapy 3 times a week for 4 weeks and was partially certified for physical therapy 2 times a week for 3 weeks in the utilization review on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist and Hand Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in

Workers' Compensation Integrated Treatment/Disability Duration Guidelines; Forearm, Wrist & Hand (Acute & Chronic) - (not including Carpal Tunnel Syndrome).

Decision rationale: Official Disability Guidelines recommends 9 physical therapy visits over 8 weeks after an open hand wound. After review of the available medical records, it is unclear how many total physical therapy visits the patient attended. In addition, the 12 physical therapy visits requested exceeded the guideline recommendations. As such, this request for physical therapy 3 times per week for 4 weeks is not considered medically necessary.