

Case Number:	CM14-0091398		
Date Assigned:	07/25/2014	Date of Injury:	08/15/2012
Decision Date:	11/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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 & 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 patient is a 23-year-old male who has submitted a claim for other unknown and unspecified cause of morbidity and mortality, status post right hand surgery (08/15/2012 and 09/16/2012) associated with an industrial injury date of 08/15/2012. Medical records from 2014 were reviewed and showed that patient complained of right hand pain radiating up his arm and tingling sensation. Physical examination showed that sensation to light touch was intact in the right index finger tip, dorsal web, and right small fingertip. Treatment to date has included physical therapy, and surgery as stated above. Utilization review, dated 06/10/2014, modified the request for physical therapy of the right hand because guidelines recommend an initial trial of six visits followed by reassessment to verify response and determine necessity for additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In addition, ODG recommends that patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. In this case, the patient complains of right hand pain with radicular symptoms. However, the present request as submitted exceeds the recommended initial 'six-visit clinical trial' as stated above. Additional visits are contingent on the efficacy of initial therapy. Therefore, the request for physical therapy 2X week x 6weeks right hand is not medically necessary.