

Case Number:	CM14-0019147		
Date Assigned:	04/21/2014	Date of Injury:	08/15/2012
Decision Date:	01/23/2015	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 57-year-old female with an injury date of 08/15/2012. According to the 12/17/2013 progress report, the patient complains of numbness to her hand and has a little hypersensitivity/pain with use of her right hand. There is gross deformity over the distal index and distal middle finger with deformity over the nail bed. There is also swelling noted over the thenar eminence with allodynia, tenderness to touch, a decreased range of motion, and a significant decrease in sensation. The patient's diagnoses include the following. 1. Status post carpal tunnel release, August 2013. 2. Crush injury of the right hand and wrist. 3. Fracture of the phalanx, distal. 4. Traumatic laceration of the nail bed. 5. Carpal tunnel syndrome of the right hand. 6. Status post fusion and pin removal. The utilization review determination being challenged is dated 01/28/2014. There is one treatment report provided from 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The 01/28/14 utilization review denial letter states that the patient has already had 6 sessions of physical therapy and has an additional 6 sessions that still needs to be completed. It continues to state that the patient is currently doing home exercises. In this case, the patient is no longer in the post-operative 3 month time frame. Therefore, MTUS page 98-99 was used. The requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. Therefore, the requested additional physical therapy is not medically necessary.