

Case Number:	CM14-0201180		
Date Assigned:	12/12/2014	Date of Injury:	04/18/2014
Decision Date:	01/29/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, 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 40 year old male with the injury date of 04/18/14. Per physician's report 11/06/14, the patient has right hand pain. Pinch test reveals "Rt 20/15/20, Lt 20/20/20; now 75% better overall; pain and edema of right hand, with tenderness on exam." The patient returns on modified work on 11/06/14. The lists of diagnoses are: 1) contusion of right hand 2) contusion of right forearm 3) sprain/strain of right hand Per 10/28/14 progress report, the patient states, "I'm still missing some strength. If I carry a bag between my fingers I get pain." "Pinch strength has improved for both 3 points and lateral." The treater requested 12 sessions of physical therapy. Per 09/12/14 report, the patient has the same pain in his right hand. The patient states, "Driving long distance is still causing me some pain 6/10. I also caught myself from falling on the railing the other day with my hurt hand." The utilization review determination being challenged is dated on 11/19/14. Treatment reports were provided from 05/01/14 to 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 2 times a week for 6 weeks for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist & Hand Procedure Summary last updated 08/08/2014; physical therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his right hand. The request is for additional 12 sessions of physical therapy for the right hand. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The review of the reports indicates that the patient has had 18 sessions of physical therapy between 07/03/14 and 11/13/14. The initial therapy report 07/03/14 and the final therapy report 11/13/14 indicate the same "pain level 6/10 while driving". There is no documentation to show pain reduction or functional improvement with therapy. Proper treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition in to a home program. The current request for 12 combined 18 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.