

Case Number:	CM14-0206863		
Date Assigned:	12/18/2014	Date of Injury:	03/07/2013
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has a date of injury of 3/7/13. He is being treated for a crush injury to the third fourth and fifth digits of the left hand. It is indicated that he has impairments of range of motion to multiple joints of the hand as well as decreased grip strength. The patient is also complaining of significant amount of pain in the left hand characterized as neuropathic pain. He is receiving NSAIDs, gabapentin, omeprazole and hydrocodone for severe pain flares. Request is made for hand therapy 10 visits to increase range of motion of the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x5 for right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker presents with chronic left hand pain and impaired digit range of motion. Provided documentation does not establish a precise diagnosis although it was

mentioned that the EMG/NCV was scheduled. Limited records described patient who is receiving chronic pain management without significantly progress with oral medications. For the diagnosis of myalgias and myositis, MTUS guidelines recommends 9-10 physical therapy visits over 8 weeks. However, there is lack of supportive information to determine whether the patient has a diagnosis amenable to physical therapy such as peripheral nerve injury or reflex sympathy dystrophy. 10 physical therapy visits for the right hand is therefore not medically necessary.