

Case Number:	CM15-0006156		
Date Assigned:	01/29/2015	Date of Injury:	01/17/2014
Decision Date:	03/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 57-year-old male who reported an injury on 11/17/2014 due to an unspecified mechanism of injury. On 11/26/2014, he presented for a follow-up evaluation regarding his work related injury. He reported pain at the left dorsal thumb 'web diminished', left index tip, left small tip were intact. He was noted to be taking Hymes for chronic pain. The treatment plan was for physical therapy for the left hand 2 times per week for 6 weeks 12 sessions. Information regarding his diagnosis was not provided. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left hand, 2 times a week for 6 weeks; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Physical/Occupational therapy

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

Decision rationale: According to the California MTUS Guidelines, physical therapy is recommended for myalgia myositis unspecified for 9 to 10 visits over 8 weeks. For neuralgia, neuritis and radiculitis unspecified, 8 to 10 visits over 4 weeks is recommended. The documentation provided indicates that the injured worker was having issues with his left hand. However, there was a lack of documentation indicating a clear rationale for the medical necessity of physical therapy. Evidence showing that the injured worker has significant functional deficits of the left hand was not provided for review. Also, the number of sessions being requested exceeds guideline recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.