MAXIMUS Federal Services

Case Number:	CM15-0100883		
Date Assigned:	06/03/2015	Date of Injury:	03/30/2015
Decision Date:	08/04/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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
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 (IW) is a 50-year-old female who sustained an industrial injury on 03/30/2015. She reported numbness and tingling in the bilateral wrists for over 1 year. She denies repetitive use at home. The injured worker was diagnosed as having trigger finger, acquired, and disturbance of skin sensation. Treatment to date has included physical therapy 3 times weekly for two weeks, which she felt was helping with her symptoms. Currently, the injured worker complains of bilateral hand pain with numbness, tingling and stiffness. The pain radiates to left underarm. She has joint stiffness and night pain. On examination, the neurovascular function is intact; the cervical spine has normal lordosis with no tenderness, and full range of motion. The treatment plan is to continue the physical therapy for six additional sessions. A request for authorization is made for the following: Additional physical therapy 3 x 2 for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 x 2 for the 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 Therapy, pages 98-99.

Decision rationale: Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT/OT and currently is without clear specific deficits in ADLs, functional status, without neurological compromise or red-flag findings to support further treatment. The Additional physical therapy 3 x 2 for the right hand is not medically necessary and appropriate.