

Case Number:	CM15-0019083		
Date Assigned:	03/09/2015	Date of Injury:	10/19/2014
Decision Date:	04/15/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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, Pain Management

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 17-year-old female, with a reported date of injury of 10/19/2014. The diagnoses include left thumb pain. Treatments included a wrist splint, physical therapy, and an MRI of the left thumb. The initial hand surgical consultation dated 12/15/2014 indicates that the injured worker's left hand was crushed in a ladder. She has had six sessions of therapy. The injured worker continued to complain of pain in the area of the left group of muscles in the palm of the hand. The physical examination showed that the injured worker held her left thumb in an extended and adducted position, there was diffuse tenderness throughout the muscles in the palm of the hand, symmetric laxity of the thumb carpometacarpal joints, and point tenderness over the thumb carpometacarpal joint. The medical report dated 12/29/2014 indicates that the injured worker was being treated for a left thumb metacarpophalangeal joint sprain. She had no change in her examination. The injured worker continued to hold her wrist in an ulnar deviated fashion. The treating physician recommended beginning an aggressive therapy program. The treating physician requested twelve physical therapy sessions. The rationale for the request was not indicated. On 01/20/2015, Utilization Review (UR) modified the request for twelve physical therapy sessions, noting that the injured worker was not noted to have objective functional deficits which would justify an additional six visits of formal physical therapy treatments. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 12 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy.

MAXIMUS 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, and Hand Chapter, Physical Therapy.

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. However, these diagnoses do not apply to this patient as much as hand/wrist sprains do, which are specifically detailed in the ODG as warranting 9 visits. In the case of injured worker, there have been 6 sessions of PT attended to date. Therefore, the request for an additional 12 sessions exceeds guideline recommendation. There is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. Therefore additional physical therapy as originally requested is not medically necessary.