

Case Number:	CM15-0148604		
Date Assigned:	08/11/2015	Date of Injury:	03/07/2015
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

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 50-year-old female, who sustained an industrial injury on 3-7-15. The injured worker has complaints of swelling in the right finger. The documentation noted that the injured worker reports pain in right ring finger and says the pain shoots throughout right arm and into her back. The diagnoses have included sprain and strain interphalangeal. Treatment to date has included normal right hand X-ray; motrin; anaprox and splint. The request was for physical therapy 2 times a week for 6 weeks of the right hand and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks of the Right Hand and Right Elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in March 2015 after slipping on a floor. She continues to be treated for right hand pain. When seen, imaging results were reviewed and had been negative for fractures. She was also having complaints involving the low back, head, right heel, right elbow, and shoulder. Physical examination findings included decreased right fourth and fifth finger range of motion with diffuse swelling. There was hyperesthesia and a shiny appearance to the fingers. Authorization for 12 sessions of physical therapy is being requested. Guidelines recommend up to 9-therapy treatment sessions over 8 weeks for the treatment of a sprain of the hand. Although there is concern regarding possible CRPS, the criteria for this diagnosis are not fulfilled. Additionally, the claimant has not had a course of therapy, which would be expected to include edema control and range of motion, which may significantly improve her condition and clarify her diagnosis. The number of treatments, however, being requested is in excess of that recommended. Providing therapy in excess of that needed could promote dependence on therapy provided treatments and is not medically necessary.