

Case Number:	CM15-0191177		
Date Assigned:	10/05/2015	Date of Injury:	02/13/2015
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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 is a 47 year old male who sustained an industrial injury on 02-13-2015. Medical records indicated the worker was treated for a crushing injury of the third and fourth fingers of his right hand. In the provider notes of 08-10-2015 the injured worker complained of pain in the third, fourth fingers of the right hand that was rated a 5-10 on a pain scale of 0-10 and was causing tingling, weakness and numbness. On physical exam, the worker had numbness of the tips of the 3rd and 4th right hand fingers. He had 20 degrees motion in the distal interphalangeal (DIP) joint of the ring finger -right hand, and 30 degrees DIP long finger of right hand. He had pain with 7 degrees flexion DIP fifth right hand and index finger, right hand. Current medications include Naprosyn and omeprazole. He has completed at least 10 sessions of physical therapy as of 08-10-2015. A request for authorization was submitted for Continued physical therapy (right hand/2-5 digits) (2x/4). A utilization review decision 09-21-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (right hand/2-5 digits) (2x/4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Review indicates the patient has received at least 10 PT sessions as of August 2015. The Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The continued physical therapy (right hand/2-5 digits) (2x/4) is not medically necessary and appropriate.