

Case Number:	CM15-0195527		
Date Assigned:	10/09/2015	Date of Injury:	12/22/2011
Decision Date:	12/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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, Hawaii

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:

This is a 60 year old male with a date of injury of December 22, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post left thumb laceration, left second finger radial digital nerve laceration, left fourth finger triggering, and rule out sympathetically maintained pain syndrome of the left upper extremity. Medical records dated July 17, 2015 indicate that the injured worker complained of left hand pain causing increased contracture, and pain in the base of the left thumb. A progress note dated September 4, 2015 documented complaints of left thumb pain rated at a level of 6 out of 10, left second and fourth finger pain rated at a level of 6 out of 10, and deconditioning of the left hand. Per the treating physician (September 4, 2015), the employee was permanent and stationary. The physical exam dated July 17, 2015 reveals tenderness over the Dupuytren, some contracture of the left fourth and fifth fingers with pain on extension, and increased thickening of the left palmar nodule. The progress note dated September 4, 2015, documented a physical examination that showed tenderness of the left thumb and left second and fourth fingers, limited range of motion with pain, and spasms of the intrinsic muscles of the hand that were decreased. Treatment has included physical therapy for the left upper extremity and medications (Tramadol, Cyclobenzaprine, Naproxen, and Pantoprazole). The utilization review (September 15, 2015) non-certified a request for an additional eight sessions of physical therapy for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Physical Therapy 2 Times a Week for 4 Weeks for the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: The patient presents with left thumb pain rated a 7/10 and left second finger and fourth finger pain rated a 5/10. The current request is for 8 additional physical therapy 2 times a week for 4 weeks for the left hand. The treating physician report dated 8/14/15 states that the patient has had recent physical therapy for the left upper extremity with 4 sessions remaining of the 8 sessions authorized. The report goes on to states, This is a request for additional physical therapy left hand at 2 times per week for 4 weeks, emphasis on active therapy. The MTUS guidelines recommend 8-10 sessions of physical therapy for patients with myalgia and neuritis type symptoms and then the patient is expected to continue on with a home exercise program. In this case, the treating physician has not documented that the patient has undergone any recent surgery. Furthermore, there was no rationale provided by the treating physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.