Case Number:	CM15-0031088		
Date Assigned:	02/24/2015	Date of Injury:	09/08/2014
Decision Date:	04/03/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 24 year old male with an industrial injury dated September 8, 2014. The injured worker diagnoses include left hand pain, contusion of finger, hand sprain and wrist sprain. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 9/15/2014, the treating physician noted erythema present of the 2 distal phalanges of the 2nd, 3rd and 4th fingers. There was ecchymosis present and edema noted of the fingers 2, 3, and 4. There was pain over the second, third and fourth metacarpophalangeal joint and proximal interphalangeal joints 2, 3 and 4. There is tenderness of the hypotenar area and volar aspect of the wrist. Left wrist exam revealed pain over palm, numbness of the palmar aspects of the second, third and fourth fingers. The treating physician prescribed services for physical therapy for the left hand status post injury, early RSD (Reflex Sympathetic Dystrophy) QTY: 12. Utilization Review determination on February 5, 2015 denied the request for physical therapy for the left hand status post injury, early RSD QTY: 12, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left hand status post injury, early RSD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left hand status post injury, early RSD is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left-hand pain; contusion finger; Hand sprain; and wrist sprain. The documentation indicates the injured worker started physical therapy two days post injury on September 10, 2014. Physical therapy was authorized at three sessions per week times four weeks. There is no follow-up or subsequent documentation with evidence of objective functional improvement or physical therapy documentation/progress notes. When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. There are no compelling clinical facts in the medical records indicating additional physical therapy is warranted. There are no subsequent progress notes in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement for ongoing physical therapy, physical therapy left hand status post injury, early RSD is not medically necessary.