

Case Number:	CM15-0032780		
Date Assigned:	02/26/2015	Date of Injury:	11/05/2014
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34 year old female with an industrial injury dated November 5, 2014. The injured worker diagnoses include open wound of finger, complicated. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/28/2015, the injured worker reported left ring finger mix volar base pain. The treating physician noted 3millimeter painful mass of the left right finger, rule out deeply embedded foreign body. X-ray of the left hand dated 12/19/2014 revealed a normal left hand with no evidence of foreign body in the soft tissues. The treating physician prescribed services for physical therapy 2 x weeks x 4 weeks left ring finger/left hand. Utilization Review determination on February 13, 2015 denied the request for physical therapy 2x week x 4 weeks left ring finger/left hand, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks Left Ring Finger/Left Hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines and Hand - pg 27.

Decision rationale: According to the ODG guidelines, non-surgical treatment for hand pain allows for 9 sessions over 8 weeks. In this case, the claimant had a ganglion cyst and a possible foreign body. The most recent exam in January 2014 did not show any limitation in range of motion, strength or abnormal neurological findings. The MTUS guidelines, allow for a fading frequency of physical therapy with remainder to be performed at home. In this case, there was no indication that additional therapy could not be done at home. As a result, the request for physical therapy for the left ring finger and hand is not medically necessary.