

Case Number:	CM15-0038318		
Date Assigned:	03/09/2015	Date of Injury:	10/02/2014
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 59 year old female, who sustained an industrial injury on 10/02/2014. On provider visit dated 01/08/2015 the injured worker has reported moderate pain in left ring finger. The diagnoses have included flexor tendonitis left ring finger; flexor tendonitis left middle and little fingers, due to injury and x-ray of his left hand. Treatment to date has included medication and 12 sessions of physical therapy. Treatment plan included additional physical therapy. On 01/30/2015, Utilization Review non-certified peer to peer physical therapy 3 times a week for 4 weeks to the left hand. The CA MTUS, ACOEM treatment guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peer to Peer Physical Therapy 3 Times A Week for 4 Weeks to The Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Physical/ Occupational therapy.

Decision rationale: According to the ACOEM guidelines cited, initial therapy of the hand may involve medications, limitation of the contributing physical factors, splinting, injections, and home exercises, for example. The ODG cited states physical medicine for tenosynovitis of the forearm, wrist, and hand to be 9 visits over 8 weeks. In the case of this injured worker (IW), she has already completed 12 physical therapy visits, but continues to have moderate pain of the left ring finger, and per the IW, is using alternate hand to complete work. Difficult to discern handwritten notes from the treating physician, show decreased Jamar grip strength readings on the left compared to right; however, the documentation is unclear as to how this relates to the IW's functional status. Although the IW may benefit from further physical medicine, the request exceeds the 9 visits advised. Therefore, the request for peer to peer physical therapy, 3 times a week for 4 weeks to the left hand, is not medically necessary.