

Case Number:	CM15-0041819		
Date Assigned:	03/12/2015	Date of Injury:	04/17/2014
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45-year-old male who sustained an industrial injury on 02/08/2015. Current diagnoses include status post left thumb fracture, and laceration, anxiety, depression, and stress. Previous treatments included medication management, physical therapy, and home exercise program. Current diagnostic studies included sudoscan, pulmonary stress test, overnight EEG, and electrodiagnostic study. The injured worker also underwent a functional capacity evaluation. Report dated 09/16/2014 noted that the injured worker presented with complaints that included constant left thumb pain that radiates up the elbow. There is associated clicking, stiffness, weakness, swelling, and limited range of motion Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for acupuncture, chiropractic therapy, physical therapy, left thumb evaluation with a specialist, psychological evaluation, cyclobenzaprine hydrochloride, evaluation for medication management, urine drug screen, a one time narcotics risks laboratory test was ordered, and compound cream. The physician noted that the request for physical therapy was to improve range of motion, strength, and flexibility of the left thumb musculoligamentous structure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the left wrist/hand: Upheld

Claims Administrator 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy 2 times a week for 4 weeks for the left wrist/hand is not medically necessary.