

Case Number:	CM15-0043898		
Date Assigned:	03/13/2015	Date of Injury:	12/19/2014
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 44 year old male, who sustained an industrial injury on 12/19/14. The injured worker has complaints of left hand pain. He complains of constant throbbing ache in his left hand. His range of motion is beginning to increase slowly with physical therapy but his pain has elevated since he has been attending physical therapy and significant decrease of swelling. The diagnoses have included hand pain. Treatment to date has included left hand X-ray impression showed no acute bony trauma; left hand cast and ace wrap; ice for pain management; physical therapy with benefit; shock therapy; wrist brace and medications. The requested treatment is for Physical therapy for the left hand: 18 sessions.

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: 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Crushing injury of hand/finger.

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

Decision rationale: This 44 year old male has complained of left hand pain since date of injury 12/19/14. He has been treated with physical therapy and medications. He has had 10 sessions of physical therapy approved thus far. The current request is for approval of additional physical therapy for the left hand: 18 sessions. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and myalgia. The patient has already been approved for 10 sessions of passive physical therapy. On the basis of the available medical records and per the MTUS guidelines cited above an additional 18 sessions of physical therapy for the left hand is not indicated as medically necessary.