

Case Number:	CM15-0046586		
Date Assigned:	03/19/2015	Date of Injury:	07/30/2014
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on July 30, 2014. He reported a right hand injury. The injured worker was diagnosed as having crushing hand injury, and acquired trigger finger. Treatment to date has included medications, splinting, bandaging, physical therapy, and acupuncture. X-rays of the right hand on December 15, 2014 are indicated to show no evidence of fractures or dislocations. On February 18, 2015, he is seen for a right hand injury. He is wearing a splint to support the right index and 3rd finger. His right hand and wrist are in an ace bandage. He is noted to be using Hydrocodone 3 tablets daily for pain, started acupuncture treatment. He has completed at least 8 occupational therapy sessions where it is noted his strength continues to be an issue. The records indicate he has completed at least 26 physical therapy sessions. The request is for 8 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; eight (8) sessions: Upheld

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

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 Forearm, Wrist, & Hand (Acute & Chronic) Chapter, Under Physical/ Occupational therapy.

Decision rationale: Based on the treater report dated 02/18/15, the patient presents 02/18/15, the patient complains of crush injury to the right hand and limited range of motion and strength that have improved with a force of physical therapy, but have not returned to normal. The request is for PHYSICAL THERAPY 8 SESSIONS. Patient's diagnosis per RFA dated 02/18/15 includes crushing hand injury and acquired trigger finger. Treatment to date has included medications, splinting, bandaging, physical therapy, and acupuncture. Patient's medications include Norco. Patient is currently not working. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, Under Physical/ Occupational therapy states: "ODG Physical/Occupational Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT Sprains and strains of wrist and hand (ICD9 842): 9 visits over 8 weeks." Per progress report dated 02/18/15, treater states patient "will require a continued course of physical therapy for range of motion strengthening." Given the patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, per treater report dated 02/18/15, patient has completed 26 physical therapy treatments. Treater does not discuss any flare-ups, does not explain why on-going therapy is needed, nor reason why patient is unable to transition into a home exercise program. Furthermore, the request for additional 8 sessions would exceed what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.