

Case Number:	CM15-0047307		
Date Assigned:	03/19/2015	Date of Injury:	10/07/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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, North Carolina
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 23 year old male who sustained an industrial injury on 10/7/14. The injured worker reported symptoms in the left wrist and hand. The injured worker was diagnosed as having post electrocution of the left hand with burn of left hypothenar and rule out neuritis. Treatments to date have included physical therapy, topical cream, and extracorporeal shockwave. Currently, the injured worker complains of pain in the left wrist and hand. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

Decision rationale: This patient suffered an electrocution injury to his left hand on 10/07/14. A request for physical therapy to the left hand was made for chronic pain and numbness in the left

hand. MTUS guidelines state that active physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength and endurance, function, range of motion and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of treatment. There is no documentation in this patient's medical records for indications for physical therapy at this time. There are also no reasons given why home exercise would not be sufficient to achieve the goal of pain relief. There is also no medical evidence that physical therapy will improve the patient's complaint of numbness in his left hand due to neuritis caused by the electrocution injury. Therefore, the request is not medically necessary.