

Case Number:	CM15-0048378		
Date Assigned:	03/20/2015	Date of Injury:	01/17/2014
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained an industrial injury with a laceration to the left thumb on 1/17/14. Previous treatment included left hand surgical repair, x-rays, magnetic resonance imaging, electromyography, physical therapy, occupational therapy, home exercise and medications. The injured worker later developed sleep problems and knee pain. In a PR-2 dated 1/7/15, the injured worker complained of left hand pain and a four week history of right lower extremity itchiness of unknown etiology. Physical exam was remarkable for intact sensation to the left thumb. Current diagnoses included left hand surgery. The treatment plan included physical therapy twice a week for six weeks, an interferential unit and medications (not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 6 weeks (12 sessions), left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, Wrist & Hand - Physical/Occupational Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for left hand pain. Treatments have included surgery and therapy. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of Theraputty for strengthening and self-performed range of motion. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. Therefore, the requested treatment is not medically necessary.