

Case Number:	CM15-0084505		
Date Assigned:	05/06/2015	Date of Injury:	01/12/2015
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/02/2015

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 37 year old male, who sustained an industrial injury on 1/12/15. He reported a right hand, right thumb and right forearm injury. X-rays of right thumb performed on 1/12/15 revealed fracture of right intraarticular distal phalanx. The injured worker was diagnosed as having status post repair of tenderness of right thumb. Treatment to date has included oral medications and right thumb surgical intervention. Currently, the injured worker complains of constant right thumb pain with numbness and swelling, right hand pain with numbness and pressure and right wrist pain. Physical exam noted diminished range of motion of right wrist. The treatment plan included return visit, physical therapy and continuation of current medications. The treatment plan included continuation of current medications, follow up appointment, acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right thumb, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. Submitted reports have not adequately demonstrated the support of further physical therapy without noted acute new injuries or change in clinical presentation for this injury. The Physical Therapy for the right thumb, twice a week for four weeks is not medically necessary and appropriate.