

Case Number:	CM15-0085539		
Date Assigned:	05/08/2015	Date of Injury:	01/22/2014
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California

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 (IW) is a 30-year-old male who sustained an industrial injury to the right hand on 01/22/2014. Diagnoses include right hand open reduction internal fixation of the 4th metacarpal with removal of hardware, status post injection; digital neuroma, right 4th metacarpal; right wrist strain/sprain, rule out tendinitis, carpal tunnel syndrome; and status post right 5th finger distal phalanx DIP fracture with residual contracture DIP. Treatments to date included medications, physical therapy, surgery, removal of pins and injection. Several x-rays of the right hand were done. He was seen by a psychologist for anxiety, depression and insomnia. According to the progress notes dated 4/7/15, the IW reported intermittent right hand pain rated 4/10. On examination, range of motion was decreased in the right wrist and hand and there were positive Tinel's and Phalen's signs. A request was made for Physical therapy to the right hand twice weekly for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to The Right Hand 2 Times A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hand chapter - therapy and pg 28.

Decision rationale: According to the guidelines, therapy post-operative can consist up to 16 sessions over 8 weeks. In this case, the claimant completed at least 8 sessions of therapy after the surgery a year ago. The current request for 12 more sessions is remote from the time of surgery. There is no indication that additional therapy cannot be completed at home. The additional therapy request is not medically necessary.