

Case Number:	CM15-0085619		
Date Assigned:	06/03/2015	Date of Injury:	03/21/2014
Decision Date:	07/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52 year old male who sustained an industrial injury on 03/21/14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, chiropractic sessions, medications, and 2 left hand surgeries. Diagnostic studies are not addressed. Current complaints include pain in the left middle and index fingers. Current diagnoses include left middle and index finger tenosynovitis, right ring finger tenosynovitis, and status post open reduction and internal fixation of the left index finger with subsequent hardware removal. In a progress note dated 03/05/15, the treating provider reports the plan of care as additional physical therapy to the left hand. The requested treatments include is additional physical therapy to the left hand. Recent treatment has included at least 116 sessions of physical therapy to the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left hand 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left hand 12 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left middle and index finger tenosynovitis; right ring finger tenosynovitis; status post open reduction internal fixation left index finger with subsequent hardware removal. The documentation shows the injured worker received 16 physical therapy visits. A progress note dated November 17, 2014 shows an initial request for physical therapy two times per week for six weeks was submitted and authorized. The guidelines recommend 16 visits over 10 weeks. There are no compelling clinical facts in the medical record indicating additional physical therapy (over and above guideline recommendations) is clinically warranted. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted (over and above the recommended guidelines), physical therapy left hand 12 sessions is not medically necessary.