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| Case Number: | CM14-0124764 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 06/10/2013 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported an injury on 06/10/2013. The mechanism of injury was the injured worker's left hand got stuck on a rim and the injured worker could not get it out. The diagnostic studies included an MRI of the cervical spine. The documentation of 10/22/2013 revealed the injured worker was diagnosed with a left hand contusion. The documentation of 06/12/2014 revealed the injured worker's status had worsened. The diagnoses included sprain and strain of the wrist and hand and the treatment plan included start physical therapy and a referral for an EMG/NCV due to worsening numbness in the bilateral hands and fingers. The prior therapies and treatments were not provided. There was no Request for Authorization or rationale submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 2 weeks left hand: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker reported injury in 2013. There was a lack of documentation indicating the type of conservative care that was provided for the injured worker. There was a lack of documentation objective functional deficits to support the necessity for supervised therapy. Given the above, the request for physical therapy 3 times per week times 2 weeks for the left hand is not medically necessary.