

Case Number:	CM14-0149004		
Date Assigned:	09/18/2014	Date of Injury:	04/18/2014
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/12/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 39 year old male with an injury date of 04/18/14. The 09/03/14 progress report by [REDACTED] states that the patient presents with a painful and swollen right hand with slightly less swollen and painful right fingers. It is noted the patient is to return to modified work on 09/03/14. Examination reveals pain and tenderness of the right fourth metacarpal and pain of the right hand. 1. Contusion of right hand 2. Contusion of right forearm 3. Sprain/Strain of right hand 4. Right 4th Metacarpal fracture and dislocation to ring and small fingers (from the 06/05/14 report). The utilization review being challenged is dated 09/09/14. The rationale was not provided. Treatment reports were provided from 06/05/14 to 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional hand therapy 2 times per week for 3 weeks in treatment of the right metacarpal and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (updated 08/08/14), Physical/Occupational Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 98, 99.

Decision rationale: The patient presents with a painful and swollen right hand post 4th Metacarpal fracture and dislocation to ring and small fingers. The treater requests for Additional hand therapy 6 visits (2x3 weeks) for treatment of right metacarpal and hand. MTUS pages 98,99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. It is unclear how many therapy treatments the patient has received. Treatment reports provided show 6 visits of physical therapy were requested 06/18/14. The treater notes on 07/16/14 that an addition 6 visits were requested. A complete record of physical therapy treatments is lacking as only one physical therapy report for the right hand was provided dated 07/03/14. This report notes a course of therapy of 12 visits (2x6 weeks); however, it does not note the number of visits completed. The reports provided indicate the treater is requesting an additional 6 visits in addition to the 6 visits previously requested. There is no discussion provided regarding the patient's progress or the need for additional therapy for the patient at this time. In this case, the 6 additional visits combined with the 6 already requested exceed what is allowed per MTUS above. Furthermore, MTUS page 8 requires the physician to periodically review the patient's course of treatment and make appropriated recommendations. Recommendation is for denial.