

Case Number:	CM14-0166368		
Date Assigned:	10/13/2014	Date of Injury:	11/27/2013
Decision Date:	11/13/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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 36 years old male with an injury date on 11/27/2013. Based on the 09/05/2014 progress report provided by [REDACTED], the diagnosis is Left 4th and 5th finger sprain. According to this report, the patient complains of sprain at 4th and 5th fingers on the left. Physical exam reveals the left 4th and 5th metacarpophalangeal (MCP) joint range of motion extension is 0 degree with flexion is 7 degrees. The proximal interphalangeal (PIP) joint range of motion extension is 0 degree with flexion is 70 degrees. DIP range of motion extension is 0 degree with flexion is 40 degrees. There is minimal swelling and mild diffuse tenderness at the fingers. "Treatment to dates has included 2 sessions of physical therapy, MRI, splint, bobby tape, and Naproxen and Prilosec, which has somewhat helped." There were no other significant findings noted on this report. The utilization review denied the request on 10-03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/12/2014 to 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4 weeks, left 4th and 5th finger: Overturned

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

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

Decision rationale: According to the 09/05/2014 report by [REDACTED] this patient presents with pain at the 4th and 5th fingers on the left. The provider is requesting additional physical therapy, 2 times per week for 4 weeks for the left fingers. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of report show that the patient has had "2 sessions of physical therapy" recently. In this case, given that the patient has had 2 sessions recently, the requested 8 additional sessions "to improve his range of motion" appears reasonable and consistent with guidelines. Recommendation is for authorization.