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| Case Number: | CM14-0156825 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 05/15/2004 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of May 15, 2014. A utilization review determination dated September 18, 2014 recommends noncertification of physical therapy. A physical therapy assessments dated August 26, 2014 identifies a diagnosis of 729.5. Subjective complaints are largely illegible. Objective findings identify normal strength in the upper extremities. The assessment states that the patient complains of numbness in the tips of the fingers. The remainder of the assessment is largely illegible but it appears to recommend ruling out early carpal tunnel syndrome. Physical therapy is recommended 3 times a week for 2 weeks. A progress report dated August 21, 2014 identifies subjective complaints of right index finger pain. Physical examination revealed tenderness over the metacarpophalangeal joint. Diagnosis is tendinitis in the finger. The treatment plan recommends Mobic, finger splint, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times three (3) weeks for the right hand/finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a 6-visit trial of physical therapy (PT). If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended as a trial by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.