

Case Number:	CM14-0211471		
Date Assigned:	12/24/2014	Date of Injury:	03/19/2014
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51-year-old woman with a date of injury of 03/19/2014. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/08/2014, 10/10/2014, and 11/14/2014 indicated the worker was experiencing hand pain that was worse on the left than on the right. Documented examinations consistently described pain with moving the right thumb joint. The submitted and reviewed documentation concluded the worker was suffering from bilateral CMC degenerative joint disease. Treatment recommendations included future surgery on the left side, physical therapy, and follow up care. A Utilization Review decision was rendered on 12/05/2014 recommending non-certification for six sessions of physical therapy for the right hand and thumb twice weekly for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Sessions to Right Hand/Thumb (2x3): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing hand pain that was worse on the left than on the right. There was no discussion detailing reasons additional physical therapy sessions were required or explaining the expected benefits beyond those expected from the home exercise program. In the absence of such evidence, the current request for an additional six sessions of Physical Therapy for the right hand and thumb twice weekly for three weeks is not medically necessary.