

Case Number:	CM14-0211794		
Date Assigned:	12/24/2014	Date of Injury:	06/09/2002
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
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: California
 Certification(s)/Specialty: Family Practice

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 48-year-old male who sustained an industrial injury on June 2, 2002. He is diagnosed with left thumb traumatic deep complex laceration and left ring finger volar plate severe disruption due to hyperextension injury. The medical records indicate that the patient has attended at least 14 sessions of physical therapy. According to utilization review dated December 11, 2014, the patient had two sessions of physical therapy 2013 with no documented functional improvement. There is indication that Utilization Review in 2013 at 2014 denied the request for additional physical therapy. He had two sessions of physical therapy in 2013. The patient was seen on October 17, 2014 with chief complaint of left ring finger pain. The patient reports he has mild pain in the left ring finger. The pain is more severe when he is active. Left ring finger examination reveals pain with radial and ulnar deviation at the MCP, PIP and PIP joints. The patient has hyper extensibility and disruption of the volar plate complex of the PIP joint. Left thumb is well healed with traumatic wound. Left thumb and left ring finger range of motion is unrestricted. Utilization review was performed on December 11, 2014 at which time the request for physical/occupational therapy 34 for the left thumb was noncertified. It was noted that the patient has already had more than the recommended amount of physical therapy which is 8 to 10 visits and there is no documentation of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/occupational therapy 3 x 4 for the left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment guidelines indicate that up to 10 sessions of physical therapy treatments may be indicated for this patient's condition. The patient has attended at least 14 sessions of physical and has exceeded the amount of physical therapy treatments recommended per the guidelines. Furthermore, there is no evidence of significant objective functional deficits on clinical examination that would support the request for additional supervised physical therapy/occupational therapy treatments. Given the amount of physical therapy treatments completed to date the patient should be well-versed in an independently applied home exercise program to address any remaining deficits. The request for physical therapy/occupational therapy 3*4 is not medically necessary.