

Case Number:	CM14-0214885		
Date Assigned:	01/07/2015	Date of Injury:	12/10/2013
Decision Date:	03/05/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

Claimant with reported industrial injury of December 10, 2013. Exam note October 17, 2014 demonstrates ongoing pain and bilateral upper extremities. Pain is rated as a 4-8/10. There is reported difficulty with gripping and a dull sensation in the upper extremities. Examination discloses volar deviation at the metacarpal phalangeal joint of the right, middle and index finger. Significant swelling of the bilateral metacarpal phalangeal joints is noted. Reduced bilateral grip strength is noted and there is difficulty in making a full fist on the right side. Atrophy of the interosseous and lumbricals are also noted. Positive bilateral Tinel's sign and Phalen's test is noted. Exam note December 8, 2014 demonstrates complaints of constant bilateral upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for hand and wrists, quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Chapter Neck and Upper back (Acute and Chronic) updated 11/18/14

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): pages 98-99.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks. Initially 1/2 the number of recommended visits are supported by the guidelines. As the requested physical therapy exceeds the initial amount, the determination is for non-certification.