

Case Number:	CM15-0173976		
Date Assigned:	09/15/2015	Date of Injury:	05/18/2015
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 5-18-2015. He reported a crush injury and laceration to the right hand. Diagnoses include crushing injury of hand and history of Diabetes with neurological manifestations. Treatments to date include activity modification, arm sling, NSAID, and physical therapy. Currently, he complained of ongoing right hand pain with stiffness. The pain was rated 7 out of 10 VAS. On 8-19-15, the physical examination documented observation of well-healed wounds, decreased ability to make a fist by 2.5cm fingertip to distal palmar crease. The plan of care included additional physical therapy and home exercise. The appeal requested authorization for twelve physical therapy sessions, three times a week for four weeks. The Utilization Review dated 8-26-15, modified the request to allow six physical therapy sessions, three times a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 2 weeks right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week times two weeks to the right hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is crushing injury of hand. The date of injury is May 8, 2015. The request for authorization is focused 19 2015. The documentation contains a physical therapy single progress note dated July 13, 2015. Documentation states physical therapy three times per week times three weeks. According to a June 15, 2015 progress note, the documentation states start physical therapy for strengthening and range of motion. According to a July 15, 2015 progress note, the documentation states the injured worker is continuing physical therapy. The total number of physical therapy sessions to date is not specified. According to an August 19, 2015 progress note, subjective complaints include severe pain 7/10 with stiffness in the right hand. Objectively, there is difficulty with range of motion. The worker was instructed on a home exercise program. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. The documentation does not demonstrate objective functional improvement. As noted above, the total number of physical therapy sessions is not specified. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy three times a week times two weeks to the right hand is not medically necessary.