

Case Number:	CM15-0091363		
Date Assigned:	05/15/2015	Date of Injury:	05/17/2008
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 woman sustained an industrial injury on 5/17/2008. The mechanism of injury is not detailed. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 3/30/2015 show complaints of hyperextension deformity at the metacarpophalangeal joint. Recommendations include continue physical therapy and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks Left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in May 2008 and continues to be treated for right had pain. Treatments have included surgery for first CMC osteoarthritis. When seen, findings were unchanged form previous exams. There was hyperextension and the MCP joint with positive Tinel, Phalen, and compression tests and thumb abduction weakness. Authorization for physical therapy was requested. Guidelines recommend up to 9 therapy sessions over 8 weeks for the claimant's condition.

The request is in excess of that recommended and not medically necessary.

