

Case Number:	CM14-0026568		
Date Assigned:	06/04/2014	Date of Injury:	01/13/2014
Decision Date:	09/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 30 year old male with an injury date of 01/13/14. Based on the 02/13/14 progress report by [REDACTED], M.D., this patient complains of "increased pain and weakness" with "limited gripping and grasping" of the left hand. Exam of this patient by Dr. [REDACTED] showed "positive keloid" and "good ROM." Previous progress report by Dr. [REDACTED] for 01/13/14 indicate left hand lacerations, which required four sutures for the 2nd digit, 5 sutures for the 3rd digit, and six sutures for the 4th digit. Then, on 01/20/14, Dr. [REDACTED] removed sutures for the 2nd digit and 4 of the 6 sutures from the 4th digit. Diagnoses are lacerations of the 2nd, 3rd, and 4th digit of the left hand. The utilization review being challenged is dated 02/21/14. The request is for physical therapy x 12; of which, 9 of the 12 physical therapy sessions were approved. The requesting provider is Dr. [REDACTED] and he provided various progress reports from 01/20/14 to 02/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, X12: 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: This patient presents with increasing pain and weakness of the left hand. The provider requests physical therapy x 12. California MTUS guidelines, pages 98-99, allows for 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. In this case, the request for 12 sessions not only exceeds the recommended 8-10 allowed by MTUS guidelines, but the records show that of the 12, 9 were authorized via utilization review. The request for 12 sessions exceeds what is allowed by MTUS for this kind of condition. Therefore the request is not medically necessary.