

Case Number:	CM16-0228949		
Date Assigned:	12/05/2016	Date of Injury:	10/14/2016
Decision Date:	12/30/2016	UR Denial Date:	11/16/2016
Priority:	Standard	Application Received:	11/28/2016

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 10-14-2016. Diagnoses include jammed interphalangeal joint of the finger of the right hand and trigger finger of the right thumb. Treatments to date include activity modification, anti-inflammatory, and at least five (5) physical therapy sessions. On 10-31-16, she complained of increasing pain and new thumb triggering. The record indicated there were four (4) physical therapy sessions completed. Current medications included Ketoprofen 50mg as needed every six to eight hours daily. Pain was rated 3 out of 10 VAS. The physical examination documented no abnormal objective findings. The plan of care included continuation of physical therapy three times per week for two weeks. The appeal requested authorization for additional physical therapy three times per week for two weeks. The Utilization Review dated 11-16-16, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Work-Relatedness, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand, and Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines,

Forearm, Wrist, and Hand Chapter (Online Version): Physical/Occupational Therapy, Official Disability Guidelines, Physical/Occupational Therapy Guidelines: Trigger Finger.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: According to the California Chronic Pain MTUS, for myalgias and/or neuralgias, physical therapy is indicated for up to 8-10 sessions over 4-8 weeks. Fading of treatment frequency is also recommended by the MTUS. Specifically, the MTUS states "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." The submitted medical records do not document significant objective deficits on recent clinical assessments. The need for ongoing skilled supervised PT above a self-directed home exercise program is not established. As such, this request is not medically necessary.