

Case Number:	CM13-0015098		
Date Assigned:	10/04/2013	Date of Injury:	09/04/2001
Decision Date:	01/27/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 physician 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:

The patient has a diagnosis of unspecified osteoarthritis of the hand with joint pain in the hand and forearm, with a date of injury is September 4, 2001. The patient has chronic pain that was worse with cold weather and difficulty with grasping due to the middle finger stiffening in the ring fingers. The patient reported a 2/10 VAS hand pain. The patient also feels numbness along the middle distal phalanx. The patient has had therapy for trigger thumb and trigger finger in the left hand with good results. The patient had hand surgery on October 3, 2012. The surgery included left ring finger ganglion cyst excision and left ring finger DIP joint fusion. The patient has had 30 sessions of physical therapy to date. A solid fusion is noted in the left finger DIP joint and the patient no longer reports pain or discomfort in that joint. The patient believes that therapy improved the range of motion in their fingers and feels that the pain has decreased with aggressive physical therapy. The patient still states that their left hand feels stiff. Examination shows that there is a 15° extensor lag at the PIP joint with only 15° of active flexion. Additional surgery is not required per the medical records. At issue is whether any additional 16 sessions of formal physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for eight weeks for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the California

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

Decision rationale: The patient has a diagnosis of arthritis of the hand and is not a surgical candidate. The patient has already had DIP joint fusion surgery and ganglion cyst excision hand surgery in 2012. The patient complains of continued stiffness in the fingers and has mild pain. Thirty sessions of physical therapy has been completed by the patient. There is no medical justification for another two months of physical therapy past the guideline recommendations for this patient's osteoarthritis and post-surgical diagnosis. The patient has exceeded the amount of guideline-recommended physical therapy sessions. The request for physical therapy twice a week for eight weeks is not medically necessary and appropriate.