MAXIMUS Federal Services

Case Number:	CM13-0029042		
Date Assigned:	11/01/2013	Date of Injury:	04/21/2010
Decision Date:	01/07/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation 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 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 underlying date of injury in this case is 04/21/2010. The primary treating diagnosis is status post right 2nd, 3rd, 4th, and 5th digit A1 pulley excisions. An initial physician review notes that this patient is a 69-year-old woman with a history of a cumulative trauma injury. That review notes that a progress note of 08/15/2013 reviews the patient's history of surgery in April 2013, followed by steady progress and symptoms. On physical examination the patient had demonstrated right hand edema and only mild flexion contractures. That review noted that the patient had undergone 48 physical therapy sessions so far and 32 occupational therapy sessions and that an indication was not documented for additional supervised therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional sessions of certified hand therapy: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 98-99, note, "Active therapy requires an internal effort by the individual to

complete a specific exercise or task.... Allow for fading of treatment frequency plus active self-directed home physical medicine." This patient has received extensive past physical and occupational therapy and would be anticipated to have transitioned to an independent home rehabilitation program. The medical records do not provide an indication or rationale as to why this patient instead would require additional supervised therapy. The records do not clearly contain specific goals or techniques which could not be performed in an independent home setting. The records and guidelines do not support this request.