

Case Number:	CM13-0029824		
Date Assigned:	03/17/2014	Date of Injury:	04/01/2011
Decision Date:	04/14/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine 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 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:

The patient is a 53 year old female with a date of injury of 04/01/2011. She had a trigger finger release and excision of Dupuytren's fasciitis. Six additional physical therapy visits were certified on 01/11/2012. She had low back pain and a lumbar MRI was negative. On 07/30/2013 she had continued hand pain and sensitivity around the incision site. It was felt that the hand pain was out of proportion to the pathology. The symptoms in her hand were more consistent with CRPS. On 07/30/2013 12 more visits of physical therapy was authorized. 12 more visits of physical therapy were requested in 08/2013 and were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS (3 X 4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) .

Decision rationale: There is no documentation of complex regional pain syndrome. She has low back pain with a normal lumbar MRI. MTUS ACOEM Chapter 11 Hand Wrist and Forearm Complaints notes that if there are no red flag signs, a few physical therapy visits may be beneficial as instruction in a home exercise program. For post surgery ODG notes that for trigger finger surgery a maximum of 9 physical therapy visit over 8 weeks and for Dupuytren's contracture post surgery has a maximum of 12 physical therapy visits over 8 weeks. She had at least 18 physical therapy visits in 2013 (6 additional in 01/2013 and 12 in 07/2013) without any objective documentation that she had improved. Another 12 additional physical therapy visits is not consistent with MTUS ACOEM or ODG guidelines. By this point in time she should have been transitioned to a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program.