

Case Number:	CM13-0030101		
Date Assigned:	03/17/2014	Date of Injury:	01/25/2012
Decision Date:	04/23/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/27/2013

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 & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a male patient with a date of injury of January 25, 2012. A utilization review determination dated August 29, 2013 recommends non-certification of physical therapy 3 times per week for 4 weeks for the left hand. Non-certification of additional therapy is due to documentation of 41 postoperative therapy sessions already having been provided and no documentation of any flare-up of symptoms. A progress report dated September 9, 2013 identifies subjective complaints of pain and limited range of motion in the left hand. Objective examination findings identify significant weakness in the left hand as well as diffuse tenderness and hypesthesia. Diagnoses include status post surgery x 2 to the left-hand. The treatment plan recommends physical therapy 3 x 3. A progress report dated March 19, 2014 indicates that the patient is not a candidate for occupational therapy in the current condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT HAND (3 TIMES PER WEEK FOR 4 WEEKS):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): s 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 200; 265. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy

Decision rationale: Regarding the request for physical therapy 3 x 4 weeks for the left hand, Occupational Medicine Practice Guidelines indicate a physical therapist can serve to educate the patient about an effective exercise program. The ODG recommends occupational/physical therapy in the management of carpal tunnel syndrome. The ODG additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. Within the medical information made available for review, it is unclear how many therapy sessions the employee has previously utilized. Additionally, there is no documentation of objective functional improvement as a result of the therapy already provided, and no statement indicating why additional therapy would be expected to help above and beyond what has already been accomplished with the therapy provided. There is no documentation of a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits. As such, the current request for physical therapy 3 x 4 weeks for the left hand is not medically necessary.