MAXIMUS Federal Services

Case Number:	CM13-0031660		
Date Assigned:	12/04/2013	Date of Injury:	03/17/2011
Decision Date:	02/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Management has a subspecialty in Interventional Spine 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 patient is a 54-year-old male with date of injury of 03/17/2011. The Utilization Review determination being challenged is dated 09/25/2013 and recommends denial of 2x4 Physical Therapy for the right hand and Temazepam. Stating "The Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines recommends continued therapy with documented derived functional benefit, which is not herein documented, nor is the number of completed therapy this year." Patient is status post right index, middle, ring and small finger traumatic amputations (03/17/2011). According to report dated 09/05/2013 by [redacted], patient received a cortisone injection to treat the Quervain's tenosynovitis at last visit which has alleviated his pain. Report notes that patient will be traveling to Ohio to receive his digital prostheses. Request is for 8 physical therapy sessions for the right hand for training use of the prosthetics. Treater is also requesting x1 Temazepam to help patient sleep better on his trip to Ohio.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 8 Hand Therapy session (2x4) for the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Patient is status post right index, middle, ring and small finger traumatic amputations dated 03/17/2011. Medical records show patient received sufficient post operative physical therapy sessions up until 11/08/2012. The treater is requesting 8 sessions for training for the use of new digital prostheses. A short course of therapy, given patient's new digital prostheses and the lack of any recent formal physical therapy for the hand, is reasonable and medically necessary.

request for Temazepam x1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 4.

Decision rationale: Patient is status post right index, middle, ring and small finger traumatic amputations dated 03/17/2011. Medical report, dated 09/05/2013, notes that patient will be traveling to Ohio to receive his digital prostheses and requests x1 Temazepam for assistance in sleep for his upcoming travels. The Chronic Pain Medical Treatment Guidelines page 24 states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Given patient's request for a single Temazepam, the risk of dependence or tolerance is of no issue. Therefore the request for Temazepam is medically necessary.