

Case Number:	CM13-0035796		
Date Assigned:	12/13/2013	Date of Injury:	12/31/2010
Decision Date:	05/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 Plastic Surgery and is licensed to practice in Maryland. 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 28 year old male with a reported date of injury on 12/31/10 when he cut his right thumb while washing dishes. The patient had undergone repair of the laceration at the time and shortly thereafter underwent flexor pollicis longus tendon repair and common digital nerve repair of the thumb. On March 7, 2013, the patient is noted to complain of persistent pain, stiffness, sensitivity and numbness of the right thumb. Heavy lifting, gripping and grasping causes an increase in his symptoms. Tylenol is used to treat his pain. Activities of daily living are affected. Examination documents dyesthesias of the right thumb, positive Tinel's at the base and decreased range of motion. Recommendation was made for physical therapy of the right thumb. Reason for the therapy was stated as 'to see whether or not more extension could be obtained through therapy.' This was approved for 6 visits. Physical therapy treatment is noted on 5/2/13, 5/7/13, 6/11/13, 7/11/13, 7/16/13, 7/23/13. Home exercise program was initiated. Progress note from office visit on 7/11/13, notes the patient had attended 6 physical therapy sessions. The patient feels his symptoms are improving of the right thumb, but still has dyesthesias and limited range of motion of the thumb. Recommendations are made for continued physical therapy of the thumb. Progress note from office visit on 7/25/13 notes continued dyesthesias of the right thumb and limited motion. The patient is documented to be 'progressing slowly' with physical therapy. He was documented to have improved symptoms of the thumb and improved tenosynovitis of the flexor pollicis longus. Recommendations are for continued physical therapy. Utilization review dated 10/1/13 did not certify outpatient physical therapy for 2 times per week for 4 weeks for the thumb. Reason for the denial stated that 'As there is no current examination and no results of the last PT, there is not sufficient documentation or rational for additional outpatient physical therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY TWO (2) TIMES PER WEEK TIMES FOUR (4) WEEKS FOR TREATMENT OF THE RIGHT THUMB: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The patient is a 28 year old male who had suffered a laceration to the right thumb flexor tendon and digital nerves. He is documented to have undergone initial surgical repair and hand therapy in 2011. In 2013 he continued to have decrease range of motion of the right thumb and dysesthesias. A course of physical therapy had been approved that the patient is documented to have undergone. The patient is stated to have made some progress but sufficient detail as to the nature of the improvement had not been provided. The initial justification for the therapy was to see if greater motion could be obtained in the right thumb. Measurements of improvement in range-of-motion had not been included in the follow-up notes or physical therapy notes. Specific qualitative or quantitative improvement in the sensation is not documented. Thus, without clear documentation on the degree of improvement other than non-specific statements, justification for further physical therapy is lacking. The patient is greater than 2 years from his initial surgical repair. This exceeds the recommendation for postoperative physical therapy as documented from post-surgical treatment guidelines. Without further justification for hand therapy, one could consider that the patient has failed conservative management and thus could be considered for re-evaluation for surgical treatment or consultation. The above determination is consistent with the evaluation by the utilization review: 'As there is no current examination and no results of the last PT, there is not sufficient documentation or rational for additional outpatient physical therapy.' The last examination included in the medical records reviewed was from 7/25/13. Greater detail with respect to the improvement in range of motion or specific detail with respect to how the patient is benefitting from therapy is necessary from the requesting physician to justify continued physical therapy. Thus, outpatient physical therapy 2 times per week for 4 weeks is not be certified.