

Case Number:	CM13-0046724		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2007
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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, 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. 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 46-year-old female with date of injury on 09/30/2007. The progress report dated 10/09/2012 by [REDACTED] indicates the patient's diagnoses include multifocal left upper extremity pain; left wrist pain, improved; post-amputation of the left index and left middle fingers; post-excision of the recurrent epidermal inclusion cyst; left index and middle amputation stump epidermal inclusion cyst, post-multiple excisions; left carpal tunnel syndrome, resolved post-surgery; post-left index digital neuroma resection; revision amputation; post-revision neuroma resections; left finger flexor tenosynovitis. The patient continues with the left hand and finger pain. The patient had an MRI of the left wrist dated 09/08/2013 which showed no evidence of AVN, chronic wear TFCC and intrinsics, and carpal tunnel synovitis. The patient was seen by [REDACTED] for second opinion on 09/11/2013. Diagnosis was synovitis flexors at the A1 areas. Recommendation was for course of therapy for iontophoresis, ultrasound, topical steroid over painful areas, and later option injections if needed. On physical exam, the patient had tenderness of the index, middle stumps, palmar index PIP, radial middle PIP, and multifocal tenderness left all fingers. The request was made for additional 8 to 10 sessions of physical therapy for finger pain. The utilization review letter dated 10/16/2013 indicates that patient was certified for hand therapy visits between 04/27/2012 and 06/11/2012 and for hand therapy visits between 10/26/2012 and 12/10/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

ten physical/hand therapy visits: Overturned

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 records appear to indicate the patient has had multiple surgeries to the left hand and amputation of fingers. Utilization review letter indicates the patient has had previous physical therapy in 2012. No authorization of physical therapy in 2013 was noted. ■■■■■ progress report dated 10/09/2013 indicates the patient had a recent second opinion by ■■■■■ who is recommending 8 to 10 sessions of physical therapy. It is unclear the exact number of physical therapy sessions the patient has had in the past. However, it does appear the patient has not had any therapy in the last year. The patient continues with significant finger pain. It was noted that the patient's widespread pain was somewhat improved with time off of work. MTUS Guidelines regarding physical medicine page 98, 99 indicates support for up to 10 sessions of physical therapy for diagnosis of myalgia and myositis, unspecified; neuralgia, neuritis, and radiculitis, unspecified. Records appear to indicate that the patient has not had any recent course of physical therapy and has had persistent pain in the left hand. The 8 to 10 sessions of therapy that was recommended appeared to be supported by the guidelines noted above. Therefore, authorization is recommended.