MAXIMUS Federal Services

Case Number:	CM13-0047315		
Date Assigned:	12/27/2013	Date of Injury:	01/16/2012
Decision Date:	05/22/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 40-year-old gentleman who was injured on January 16, 2012. The clinical records indicate an injury to the right hand when the claimant was hit with a large piece of wood causing deep tissue laceration and essentially a crush injury. The claimant has been treated since time of injury with a reimplementation of distal small digit amputation, repair of the FTP and FTS tendon as well as an ulnar artery and ulnar nerve repair performed at time of injury. Follow up clinical records indicate that the claimant has also continued to be treated with formal physical therapy throughout 2013. A recent clinical progress report for review of October 15, 2013 indicated continued complaints of right hand pain, numbness with continued lack of function at the long and ring finger. There was noted to be continued restricted range of motion. The claimant was treated that day with topical medications. At that time he was also noted to be status post a prior carpal tunnel release which was performed August 5, 2013 due to positive electrodiagnostic studies in his postinjury course of care. At present there is request for twelve additional sessions of physical therapy to his right hand as well as a Functional Capacity Examination. The claimant's job description is not noted. It is unclear as to his current level of employment or work related function.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO TREAT THE RIGHT HAND 2 TIMES 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, twelve additional sessions of physical therapy to the claimant's hand in this case would not be indicated. The claimant is greater than two years from time of injury to the hand, having undergone a significant course of physical therapy over the past two years. While the guidelines do recommend the role of acute therapy in the chronic setting, it typically limits sessions to nine to ten visits for the diagnosis of myalgias or myositis. The specific request for twelve sessions of physical therapy at this stage in the claimant's clinical course of care when taking into amount of therapy that has already been utilized and his current clinical presentation, the specific request would not be indicated.

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on Non-MTUS Citation: ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS states the an FCE may be needed to assess a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. An FCE should be considered if prior unsuccessful return to work attempts is noted and that the claimant would be close to or at maximal medical improvement. Records currently do not indicate prior unsuccessful return to work attempts, nor does it indicate the claimant's current work status or position. The absence of the above would not necessitate the acute need for an FCE at this stage in the chronic course of care.