

Case Number:	CM13-0052262		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2012
Decision Date:	03/18/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice 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 59-year-old male who reported an injury on 03/21/2012. The patient reportedly suffered a crush injury to the left hand while attempting to remove a fountain from a platform. The patient is diagnosed with chronic reflex sympathetic dystrophy of the left upper extremity, history of comminuted telescoping fracture of the left long finger distal phalanx, previous subungual hematoma secondary to laceration of the left long finger nail bed, history of left shoulder pain, history of cervical strain with radicular symptoms, bilateral carpal tunnel syndrome, left Guyon's compression syndrome, and history of depression and anxiety. The patient was seen by [REDACTED] on 12/02/2013. The patient reported neck and shoulder pain. Physical examination revealed decreased grip strength on the left, positive Tinel's and compression testing over the median and ulnar nerves at the wrist as well as the ulnar nerve at the elbow, and diminished range of motion. Treatment recommendations included initiation of hand therapy, an EMG study, and a prescription for Neurontin 300 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine physical therapy, left hand 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Physical Therapy.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state physical medicine treatment for pain in a joint and/or crushing injury of the hand/finger includes 9 visits over 8 weeks. As per the documentation submitted, the patient was previously authorized for a modified course of hand therapy. The total duration of treatment completed to date is unknown. The patient's objective response to therapy is unknown. A previous note by [REDACTED] dated 11/11/2013 indicated that the patient was to continue hand therapy 3 times per week for the next 8 weeks. Without documentation of a previous course of physical therapy with total treatment duration and treatment efficacy, additional therapy cannot be determined as medically appropriate. Therefore, the request for Physical medicine physical therapy, left hand 2x4 is non-certified.