

Case Number:	CM13-0058022		
Date Assigned:	01/10/2014	Date of Injury:	04/08/2013
Decision Date:	04/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 has a subspecialty in Hand Surgeon and is licensed to practice in Texas. 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 42-year-old male who reported an injury on 04/08/2013. The mechanism of injury was not provided for review. The patient ultimately developed complex regional pain syndrome. The patient's treatment history included physical therapy, occupational therapy, and medications. The patient was evaluated by a hand surgeon and it was determined that the patient was not a surgical candidate. The patient's most recent clinical evaluation documented that the patient had pain rated at 6/10 with an inability to make a fist. Physical findings included tenderness to palpation along the radial and scaphoid styloid process. The patient had a positive Phalen's sign, a positive reverse Phalen's sign, a positive bracelet sign, and a positive Tinel's sign. The patient's diagnoses included carpal tunnel syndrome and chronic pain syndrome. The patient's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR THREE WEEKS: Upheld

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

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

Decision rationale: The California MTUS guidelines recommends up to 24 visits of physical therapy for complex regional pain syndrome. The clinical documentation does indicate that the patient has had previous physical and occupational therapy although the efficacy and duration are not specifically identified with the documentation. Therefore, the appropriateness of additional physical therapy cannot be determined. The request for physical therapy 3 times a week for 3 three weeks for the right hand is not medically necessary and appropriate.