

Case Number:	CM13-0058987		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2011
Decision Date:	03/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Surgery 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 claimant is a 59-year-old female date of injury 7/15/11. Exam notes from 10/3/2013 demonstrate chief complaint of left hand/thumb pain. Claimant notes 80% improvement with range of motion and 60% with reduction of pain with the use of physical therapy. Physical therapy exam report from 9/27/2013 demonstrates that claimant has no difficulty with light lifting, grasping, pinching, turning or twisting of left hand. The treating therapist recommends further therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post Operative Physical Therapy 2 times 4 for the Left Thumb: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines.

Decision rationale: Per Forearm, Wrist, and Hand Complaints ACOEM Guidelines, (not including carpal tunnel syndrome) used after surgery and amputation. During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term,

for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short term hand function in patients given therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane, 2006). In this case there is insufficient evidence to support further physical therapy guidelines. There is minimal impairment to warrant further therapy per the guidelines. Therefore the request is for non-certification.