MAXIMUS Federal Services

Case Number:	CM13-0059863		
Date Assigned:	12/30/2013	Date of Injury:	12/06/2011
Decision Date:	05/15/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 29-year-old male who reported an injury on 12/06/2011. The mechanism of injury was not provided. The documentation of 10/02/2013 indicated the injured worker had complaints of pain in the left hand and left upper extremity. The injured worker noted he had been doing well with desensitization exercises at home and doing exercises in therapy, and had seen some improvement in the left hand. The injured worker had hyperalgesia sensations and difficulty making a fist in the left hand. The diagnoses included reflex sympathetic dystrophy of th left hand status post intravenous infiltration, left shoulder sprain/strain, and sprain and strain of the left wrist and hand. The request was made for additional physical therapy 3 times a week for 6 weeks, an MRI of the brain to evaluatin for brain pathology, internal medicine evaluation due to numbness in the hand, medications including Ultram, Anaprox, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY (3 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation fficial Disability Guidelines (Odg), Pain Chapter, Physical Medicine Treatment

Decision rationale: The California MTUS do not discuss the treatment of reflex sympathetic dystrophy for physical medicine. As such, secondary guidelines were sought. Official Disability Guidelines recommend 26 visits of physical therapy. The clinical documentation submitted for review failed to indicate the quantity of visits that had been participated in. There was a lack of documentation indicating the functional benefit that was received as well as the functional deficits to support the ongoing use of physical medicine. The request as submitted failed to indicate the body part to be treated with physiotherapy. Given the above, the request for physiotherapy 3 times a week for 6 weeks is not medically necessary.