

Case Number:	CM13-0069055		
Date Assigned:	01/03/2014	Date of Injury:	06/17/2013
Decision Date:	05/23/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 52-year-old female with date of injury of 06/17/2013. According to the report, the patient had an industrial injury when she pushed a box into a heat sealing machine and the machine caught her hand and gave her third-degree burns to her thumb, index, and middle finger. She was diagnosed with 1% total body surface burn, 3rd degree. She reports her current pain as mild to moderate. She continues to complain of pain in the right hand that radiates to the arm with numbness, tingling, and sensitivity. She has completed 5 sessions of therapy at [REDACTED]. The exam shows limited active and passive range of motion in all fingers. Neurovascularly, intact with good hand function and sensation. Pulses are intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER AND ELBOW, SIX SESSIOS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

Decision rationale: This patient presents with right hand/finger crush and 3rd degree burn. This patient is status post right thumb, index finger, middle finger grafting from 08/08/2013. The treating physician is requesting 6 sessions of physical therapy for the right shoulder and elbow due to increased stiffness secondary to limited use of the right hand. The MTUS Guidelines recommend 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. ODG guidelines support 8 sessions of medical treatment following burn injuries. Records show that the patient does not have a history of physical therapy for the right shoulder and elbow. The treating physician is concerned about increasing stiffness to the right elbow and shoulder due to the limited use of the right hand. In this case, the patient can benefit from a short course of physical therapy to address the stiffness in the right shoulder and elbow. The request is medically necessary.