

Case Number:	CM14-0000652		
Date Assigned:	01/29/2014	Date of Injury:	03/07/2013
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of March 7, 2013. A utilization review determination dated December 17, 2013 recommends non-certification of additional therapy. A therapy report dated October 3, 2013 indicates that the patient has undergone eighteen (18) visits of therapy. The note indicates that the patient has had an improvement of strength. A note dated September 17, 2013 reveals 4+/5 strength in the left wrist. A note dated March 26, 2013 reveals 5/5 strength in the left wrist. A progress report dated December 13, 2013 has illegible subjective complaints and objective findings. No diagnosis is listed. And the treatment plan recommends returning to work. A note dated November 19, 2013 indicates that the patient underwent left carpal tunnel release and third (3rd) trigger finger release on June 11, 2013, with ongoing pain in the left hand and left wrist. A physical examination identifies some tenderness to palpation, neurovascular examination is intact, and no triggering is present. The treatment plan indicates that the patient has reached a plateau with respect to his recovery and can be declared permanent and stationary. Future medical care states that if the patient's condition worsens, he may require additional intermittent sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ADDITIONAL SESSIONS OF PHYSICAL THERAPY FOR THE LEFT FINGER:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines have more specific criteria for the ongoing use of physical therapy. The guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. The guidelines recommend nine (9) postoperative therapy sessions for the treatment of trigger finger, and a maximum of eight (8) postoperative therapy sessions for the treatment of carpal tunnel syndrome. Within the documentation available for review, there is no indication of specific objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it appears the patient has exceeded the maximum number of therapy sessions recommended by the guidelines, with no documentation indicating whether there has been a recent re-injury or exacerbation for which an additional brief course of therapy may be indicated. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.