

Case Number:	CM14-0000696		
Date Assigned:	02/07/2014	Date of Injury:	09/04/2011
Decision Date:	06/13/2014	UR Denial Date:	12/12/2013
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 American Board of Orthopaedic 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 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 64-year-old who sustained an injury to the left thumb in September 2011 and underwent LRTI reconstruction in March 2012. Subsequently, the patient went on to have sensory nerve irritation versus complex regional pain syndrome with stiffness at the MP joint of the thumb. A cervical epidural steroid injection is documented as providing "dramatic" improvement. The reviewer denies the request for additional occupational therapy citing that "this patient has had more than adequate amount of PT/OT for this chronic condition. There is no medical rationale for continued PT. Contrary to popular practice, PT does not resolve any medical conditions, nor will it offer long lasting pain relief." The included clinical documents do not indicate the number physical therapy visits that have been completed by this patient. Additional Occupational Therapy of Left Hand/Wrist has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OT LEFT HAND/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 474.

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

Decision rationale: The MTUS supports the use of physical and occupational therapy in the management of chronic regional pain syndrome and recommends up to a maximum of 24 visits. Based on the clinical documentation provided, an unknown number of visits have been completed. The reviewer indicates that a substantial amount of physical therapy has been completed, but also does not provide a number of visits. As such, given the insufficient information, the request is considered not medically necessary.