

Case Number:	CM14-0001740		
Date Assigned:	01/22/2014	Date of Injury:	07/01/2005
Decision Date:	07/14/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational Therapy, 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 55-year-old female with a date of injury of 7/1/05. She sustained injuries to her neck, right shoulder, upper extremities, left elbow, and low back due to repetitive stress. She was diagnosed with carpal tunnel syndrome and flexor tenosynovitis. The patient is status post right thumb carpometacarpal (CMC) joint arthroplasty with excision of trapezium, flexor carpi radialis ligament reconstruction, and, excision of right thumb and right 2-4 finger A1 pulleys with tenolysis on 12/21/12. She then completed 12 sessions of postoperative physical therapy and an additional 12 sessions of physical therapy after that. The patient was seen on 10/22/13 where it was noted she just began her physical therapy for the right hand. It was also noted that she had decreased digital stiffness and a diagnosis of complex regional pain syndrome (CRPS). She was seen again on 1/14/14 where it was noted she was still in physical therapy with exam findings of decreased edema of the right fingers and hand, and she was nearly able to make a full fist. She was also noted to have smooth motion at the basal joint. Treatment to date has included 9 sessions of aquatic therapy, 24 sessions of physical therapy, right median and radial nerve block, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL HAND THERAPY # 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 114; the Official Disability Guidelines.

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. The patient is noted to have had at least 24 session of physical therapy for the hand; there are no physical therapy notes available for review. It is also unclear if the additional physical therapy is for her arthroplasty, which was done in 2012, or her CRPS. In addition, as of 1/14/14, the patient was still noted to be in physical therapy for her hand. Therefore, the request for additional physical therapy of the hand as submitted is not medically necessary.