

Case Number:	CM14-0004834		
Date Assigned:	01/24/2014	Date of Injury:	01/07/2013
Decision Date:	05/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 30 year old male who had a date of work injury on 1/17/13 after he had a traction injury to the right upper extremity with a crush injury to the hand which caused a degloving of the fifth digit and phalanx fracture of the second digit. The diagnoses include osteochondroma, right second digit, right upper extremity paresthesias, right shoulder bicipital tendonitis, right shoulder AC joint disorder, right wrist arthrofibrosis, clinically. There is a request for additional physical therapy to the right hand 2 x 6. Per documentation the patient is noted to have an incidental osteochondroma of the right index finger and it was believed that patient's fracture of the phalanx is related to the osteochondroma. There is a 1/17/14 primary treating physician report stating that the patient has complaints of pain in the right hand and fingers at 3-4/10. He complains of numbness, tingling and achiness, He states that the therapy is helping him with range of motion. The examination of the right hand reveals no erythema, edema or bony deformity when the hand is still, however, upon flexion of the hand there is visible movement of structures of the hand with crepitus. The provider states that the bone that is moving is near the anatomical snuffbox. The right wrist and hand palmar flexion is 40/60 degrees, dorsiflexion is 30/60 degrees, radial deviation is 10/25 degrees and ulnar deviation is 5/30 degrees. There is full opposability with the thumb in each of the other digits. The treatment plan includes a request for more physical therapy and a referral to a hand specialist for continued pain and hand impairment. A 1/7/14 physical therapy report states that the patient is 90% "back to his preinjury status noting pain is worse when he has to lift heavy things at work. He notes that he has recently begun using a wrist brace at work, which supports his hand/wrist during heavy lifting. His pain is 3/10. The document indicates patient has made progress in range of motion of wrist/hand, shoulder, pain, activity tolerance and driving/holding his daughter between the intervals of 9/12; 12/10 and 1/7.

The documentation stated that patient has completed 11 therapy visits thus far and has 2 more authorized. An 11/26/13 document states that the patient still has not received a full course of therapy. There have been lapses between sessions of therapy and there is a request for additional physiotherapy for the right hand and wrist, twice per week for six weeks. The provider feels that the patient would benefit. As of the 11/26/13 office visit the patient has had 7 episodes of physical therapy, once for 4 visits and once for 3 visits, with approximately seven-week interruption between sessions. On 11/26/13 the patient was complaining of pain, weakness and numbness in the right hand, rated 4/10. On exam, there is no edema, no deformity. The patient could fully oppose the thumb to all attempts of his fingers. Sensation was intact. Range of motion of the wrist dorsiflexion 30, palmar flex to 40, radial deviation 15, ulnar deviation 20, and grip strength on the right was 20 and on the left was 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE RIGHT HAND 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)- Physical/Occupational therapy

Decision rationale: Additional physical therapy for the right hand 2 x 6 is not medically necessary per the MTUS guidelines. The documentation, dated 1/7/14, stated that the patient has completed 11 therapy visits thus far, and has 2 more visits authorized. The request for authorization of another 12 sessions is not medically necessary. The guidelines recommend up to 8 visits for a fracture of one or more phalanges of the hand, and up to 9 visits for a crush injury. An authorization of an additional 12 visits would exceed the recommended guidelines for this condition. As of the 1/7/14 document the patient has made progress in PT, and is able to return to his work. He should be participating in a home exercise program. There were no extenuating factors which would warrant therapy exceeding the guideline recommendations, therefore, the request for physical therapy for the right hand 2x6 is not medically necessary.