

Case Number:	CM14-0008610		
Date Assigned:	02/12/2014	Date of Injury:	11/04/2008
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Emergency Medicine 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 reported date of injury of 11/4/2008. The mechanism of injury is described as arm being caught in a machine. The patient has a diagnosis of right elbow sprain/strain, crush injury to wrist, diabetes, hypertension, stress and anxiety and insomnia. There is a report that his right hand was amputated and that he wears a prosthetic. Multiple medical records reviewed from primary treating physician. The last note is available until 1/28/14. Several progress reports are hand written is barely if not completely illegible. Most legible and complete note is from 12/19/13 which was the initial assessment and report. The patient complains of right elbow pain. Pain is 8/10. The patient also has burning pain to wrist stump and is 8/10 intensity. Objective exam note from progress notes are very brief and limited and basically states "right wrist/elbow status post amputation tender to palpation." Nothing else is legible. Note from 12/19/13 states that right shoulder exam was normal, right elbow has tenderness to palpation with associated spasms of right elbow (a note mentions that patient is status post elbow amputation) right wrist exam is tenderness and spasms of right wrist and is post hand amputation. There is noted decreased range of motion of right elbow and right wrist. The note mentions a concern for phantom limb syndrome or potential reflex sympathetic dystrophy. The report states that physical therapy is to "increase range of motion, improve overall functional capacity/activities of daily living and expedite return to work." A note mentions that the patient is getting acupuncture. There is vague report of patient getting physical therapy after the amputation but no details are available. The medication list from 12/19/13 is Norco, codeine, lisinopril, Metformin, insulin and Simvastatin. The note mentions starting gabapentin and other creams. The utilization review (UR) is for Physical Therapy 2 (two) times a week for 4 (four) weeks for right upper extremity. The prior UR on 1/9/14 recommended non-certification.

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 UPPER EXTREMITY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation CA MTUS General approach, and ACOEM Practice Guidelines, Pain Suffering, and the Restoration of Function Chapter, pg. 114.

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

Decision rationale: The patient meets basic criteria for physical therapy for post right hand amputation pain. While patient did receive physical therapy (PT) after the surgery, he has not gotten any recent therapy sessions and has decreased function. As per MTUS Chronic pain guidelines, physical therapy's goal is to improve flexibility, function and improves pain which are the goals documented by the treating physician. The patient has reported decreased range of motion and pain to affected wrist stump and elbow. The primary treating physician has appropriately discussed home exercise, weight loss and diet with patient. The number of requested sessions is also consistent with MTUS guidelines. Therefore, the request is medically necessary.