MAXIMUS Federal Services

Case Number:	CM14-0013957		
Date Assigned:	02/26/2014	Date of Injury:	06/10/2009
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 injured worker is a 49-year-old male who reported an injury on 06/10/2009. The mechanism of injury is unknown. On 01/21/2014, the injured worker had a physical evaluation. The evaluation indicated that the injured worker was returning for a follow-up visit for the low back and bilateral leg issues. The evaluation also indicated that the injured worker had right hand surgery in 10/2013, and that the injured worker has been in rehabilitation for this, with good results thus far. It was noted that the injured worker's current medications were Norco, ibuprofen, and Senokot. The evaluation of range of motion did not include range of motion related to the request for physical hand therapy to the right hand. The impression included chronic low back pain with leg paresthesias, status post right carpal tunnel and middle trigger finger release in 2010, status post revision procedure with [redacted] in 10/2013, and now rehabilitation, and opioid dependency. The treatment plan included physical therapy, laboratory studies for the injured worker's thyroid levels, a single point cane for ambulatory purposes, and completing social security disability (SSD) paperwork. The injured worker was instructed to follow-up in one (1) month to review his progress. There is a request for authorization included with this review. It is dated 01/16/2014. There is a lack of rationale for the request for physical/hand therapy to the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT PHYSICAL/HAND THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Preface)

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

Decision rationale: The most recent clinical evaluation indicates that the injured worker had right hand contracture release surgery on 10/24/2013, and had rehabilitation for this, with good results thus far. The clinical evaluation does not indicate any functional limitations of the hand. The request for right physical/hand therapy does not indicate the number of sessions requested. In regards to physical medicine, the Chronic Pain Guidelines allow for fading of treatment frequency from up to three (3) visits per week to one (1) or less, plus active self-directed home physical medicine. Due to lack of clinical documentation to support functional limitations, and the need for therapy, and due to the lack of sessions stated in the request, the request is not medically necessary.