MAXIMUS Federal Services

Case Number:	CM14-0152939		
Date Assigned:	09/23/2014	Date of Injury:	12/03/2012
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 44 year old patient had a date of injury on 12/3/2012. The mechanism of injury was severing tendons and nerves while using a knife. In a progress noted dated 8/28/2014, the patient is returning to work tomorrow and is very upset. She has no idea how her R hand can tolerate work. She reports she will wear her splint for protection, and reportedly the fluidotherapy helped with pain. Pt reports performing HEP consistently. On a physical exam dated 8/28/2014, the treatment is to modify splint for fit and change strap for hygienic purposes. The diagnostic impression shows right thumb laceration to digital nerves and flexor tendon, pain, edema, wound healing, joint stiffness.Treatment to date: medication therapy, behavioral modification, wrist surgery on 5/28/2014, 20 postoperative physical therapy sessionsA UR decision dated 9/2/2014 denied the request for additional physical therapy 2x/week for 6 weeks, stating that the patient has completed 20 visits with 4 remaining and has maximized the benefits of postoperative rehab and essentially exceeded the guidelines. There is no indication of a complication to recovery-comorbidity, or extenuating clinical circumstance that would support any additional post-operative therapy visits beyond the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm wrist American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114

Decision rationale: CA 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 is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 24 visits over 10 weeks for post surgical treatment for tendon repair or finger or hands. However, in the 8/28/2014 progress report, this patient is noted to be on his 20th physical therapy session, and the patient also claims to be performing HEP. There was no clear rationale provided regarding why this patient could not fully transition into a home exercise program after the 24th session. Therefore, the request for additional physical therapy 2x/week for 6 weeks was not medically necessary.