MAXIMUS Federal Services

Case Number:	CM14-0022323		
Date Assigned:	05/09/2014	Date of Injury:	03/05/2010
Decision Date:	07/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation with a subspecialty in Pain Management 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 female patient with a date of injury of March 5, 2010. A utilization review determination dated February 7, 2014 recommends non-certification of 12 physical therapy sessions for the left hand. A progress note dated January 31, 2014, includes subjective complaints of persistent left hand pain with inability to complete activities of daily living due to the pain, presence of pain during activity and at rest, and weakness of the left hand. [redacted] recommends additional surgery. There are persistent contractures of the hand despite completion of physical therapy and of the home exercise program. The physical examination identifies presence of a scar on the left palm from the thumb to the third metacarpophalangeal (MCP) joint with slight flexion of the left hand, 5/5 motor strength, no swelling, no atrophy, no color change, no hair pattern change, and no temperature change. Sensation was intact to light touch; no hyperalgesia, no allodynia, and no dysesthesia are present. The patient underwent a left 1st CMC suspension on June 20, 2011 and a Z-plasty of the left hand on October 20, 2011. The diagnosis is of left-hand pain. The treatment plan recommends that the patient, who has permanent and stationary work status, follow restrictions that include limiting repetitive pinching and fingering with the left thumb, a request for 12 sessions of physical therapy for stretching of the left-hand and release of scar tissue to improve range of motion and function, and start terocin cream to use during hand exercises. A progress note dated February 2, 2014 identifies subjective complaints of slight left-hand contraction, presence of left hand pain with activity and at rest, weakness of the left hand. The treatment plan recommends 12 sessions of physical therapy for stretching of the left hand and for release of scar tissue to improve range of motion and function, continuation of permanent and stationary work status, and start of terocin cream. A progress note dated March 13, 2014 identifies subjective complaint of persistent left hand pain, inability to complete activities of daily living due to pain, continue left-hand contraction, persistence pain during

activity and at rest, left hand weakness, and improvement of left-hand pain with terocin cream. The treatment plan recommends 12 sessions of physical therapy for stretching of the left hand and for release of scar tissue in an effort to improve range of motion and function. It is also noted that the patient had an unknown number of physical therapy sessions in 2011, in 2012, and in 2013. It was also documented that the patient had dramatic improvement of pain, range of motion, and functionality of the left-hand while in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR THE LEFT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel and Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand - Chapter, Physical Therapy.

Decision rationale: Regarding the request for 12 physical therapy sessions for the left hand, the Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. The Official Disability Guidelines (ODG) additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits; additional therapy may be indicated. Within the medical information made available for review, the patient is noted to have had improvement while participating in the previous therapy. It is unclear how many sessions of physical therapy the patient has completed in 2011, 2012, and 2013, or if the patient has completed at least 24 visits over 8 weeks which is the maximum recommended for this patient's diagnoses. There is no documentation of a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, and there is no indication of any objective long-term functional improvement from the therapy already provided. As such, the current request for 12 Physical Therapy sessions for the left hand is not medically necessary.