

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0022973 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 06/25/2013 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Occupational 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:

The applicant has filed a claim for upper limb pain, joint pain, and hand pain reportedly associated with an industrial injury of June 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; excision of a palmar mass/ganglion cyst on November 20, 2013; and 18 sessions of postoperative physical therapy, per the claims administrator. In a utilization review report dated February 3, 2014, the claims administrator denied a request for nine additional sessions of postoperative physical therapy. The claims administrator stated that the applicant should be well versed in a home exercise program. No applicant-specific rationale was provided. The applicant's attorney subsequently appealed. In a January 8, 2014 progress note, the applicant was apparently returned to modified work. The note was quite sparse. The applicant was described as status post excision of a ganglion mass. The applicant was having weakness about the hand and was having difficulty opening a bottle due to weakness and pain about the same. The applicant was on Norco for pain relief. The applicant apparently worked in the Collections Department of a financial group it was stated. An ergonomic workstation evaluation was sought. Nine sessions of physical therapy were sought to improve the applicant's strength. The applicant was described as having diminished grip strength about the left hand with 18 pounds and strength noted about the same versus 24 to 30 pounds about the contralateral right hand. The applicant was described as having difficulty-opening bottles and lifting heavy articles about the injured left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 3 TIMES A WEEK FOR 3 WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for an additional nine sessions of physical therapy for the hand and wrist are medically necessary, medically appropriate, and indicated here. While this does result in extension of treatment beyond the 18-session course of treatment recommended in the MTUS 9792.24.3 following a ganglionectomy surgery, as apparently transpired here, in this case, however, the applicant is apparently having some individual specific deficits. The applicant has diminished grip strength about the left hand despite completion of the physical therapy. The applicant has failed to return to regular work. The applicant is apparently having some residual difficulty with some job tasks. The applicant does have diminished grip strength about the hands and is having difficulty gripping and grasping. The applicant apparently works in a financial company and likely performs typing and filing on a regular, day-to-day basis. The applicant has demonstrated functional improvement with earlier treatments as evinced by her already-successful return to work. Additional physical therapy on the order of that proposed is indicated. Therefore, the request is medically necessary.