

Case Number:	CM14-0034011		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2010
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopaedic Surgery, 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 40-year-old male who was reportedly injured on December 10, 2010. The mechanism of injury was noted as having a glove caught in a drill. The most recent progress note dated June 27, 2014, indicated that there were ongoing complaints of chronic right upper extremity pain secondary to complex regional pain syndrome and a right brachial plexopathy. The notes on this date state the injured employee has no acute changes in his pain condition and continues with a home exercise program. There was concern about having equipment that was only available in physical therapy. The physical examination on this date did not focus on the right upper extremity. Current continued medications were stated to include gabapentin, tramadol, Viagra and pantoprazole. A utilization review treatment appeal, dated March 26, 2014, stated that the injured employee had been making good progress with physical therapy but feels that he needs additional sessions of physical therapy before he feel strong enough and confident enough to attend work hardening. A request had been made for physical therapy and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY FOR THE RIGHT HAND: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Physical medicine Page(s): 98 of 127.

Decision rationale: It is unclear why the injured employee needs to attend additional formal physical therapy treatment. The medical record states that the injured employee would desire additional physical therapy before he can progress with a home exercise program, yet there is also a statement that there is a need for additional equipment that is only available in physical therapy. These conflicting statements do not justify an additional need for formal physical therapy, as the injured employee cannot do on his own via a home exercise program, especially after attending 51 sessions of physical therapy that focused at least partly on the right upper extremity. For these reasons, this request for additional physical therapy is not medically necessary.