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| Case Number: | CM14-0072056 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 05/28/2013 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 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 independent medical review request was signed on May 16, 2014. The issue was physical therapy to the right hand two times a week for four weeks. The request for the therapy was non-certified by the initial reviewer, as there was no evidence submitted regarding functional improvement measures following completion of 17 physical therapy treatments. There was also no discussion of the home exercise program. He was born on February 20, 1959 and injured on May 28, 2013. He had a history of having undergone surgery on the right long finger on August 28, 2013 for a trigger finger release followed by physical therapy treatments. This is a request for even more therapy. He may have a Dupuytren's contracture. He also requested a second opinion. He was recently evaluated who stated he can do a home program and did not recommend additional treatment for the Dupuytren's or carpal tunnel syndrome. There was a March 4, 2014 initial evaluation that was provided. It was for physical therapy assessment. There was an approved right long finger pulley release and a postoperative operative splint and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Right Hand 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and Myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, Neuritis, and Radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. After 17 sessions, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. The citations are as followed: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately is not medically necessary.