

Case Number:	CM14-0083057		
Date Assigned:	07/21/2014	Date of Injury:	04/11/2013
Decision Date:	10/03/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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, has 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 male patient with a date of injury of April 11, 2013. A utilization review determination dated May 23, 2014 recommends non-certification of physical therapy 1 to 2 visits per week for 10 to 12 weeks. A progress note dated May 15, 2014 identifies subjective complaints of pain and finger with decreased motion. Physical examination identifies PIP flexion contracture at 45, passive extension to 30, and active flexion to 90. The diagnosis listed is left ring finger flexion tendon injury. The treatment plan recommends use of [REDACTED] splint for ring finger. A progress note dated April 3, 2014 identifies that the patient status post left ring finger flexor digitorum superficialis tenolysis, left ring finger digitorum profundus tenolysis, and left ring finger A2 pulley reconstruction using extensor retinaculum autograft performed on January 29, 2014. The patient has been compliant with his postoperative OT restrictions and is doing therapy two times per week. Patient has also been wearing the ring splint, has orders for a dynasplint, and his pain is well controlled. Physical examination identifies that the incision is clean dry and intact, there is slight tenderness to palpation over dorsum of the wrist, left RF 45, active PIP flexion to 90, DIP with small amount of FDP pull through, motor intact, SILT m/u/r nerves, and 2+ radial and ulnar pulses. The treatment plan recommends OT prescription, Tramadol refill, continue OT, and to continue wearing ring splint x3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one to two visits per week for ten to twelve weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200; 265, Postsurgical Treatment Guidelines Page(s): 8-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy

Decision rationale: Regarding the request for physical therapy 1 to 2 visits per week for 10 to 12 weeks, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. The ODG recommends occupational/physical therapy in the management of carpal tunnel syndrome. The 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, it is noted that the patient has undergone an unspecified number therapy visits, there is no indication of any objective functional improvement from the therapy already provided, there is no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. As such, the current request for physical therapy 1 to 2 visits per week for 10 to 12 weeks is not medically necessary.