MAXIMUS Federal Services

Case Number:	CM14-0162102		
Date Assigned:	11/26/2014	Date of Injury:	03/04/2013
Decision Date:	01/27/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 31-year-old male with an injury date of 03/04/13. Based on the 08/21/14 progress report, the patient complains of pain in right palm and wrist. He is status post a radial digital nerve resection on 05/09/14. Physical examination of the right upper extremity on 08/21/14 revealed, "He has appropriate Tinel to deep palpation at the thenar eminence at the location of the nerve end. His incision is well-healed. He has improved range of motion." Per physical therapy note dated 08/22/14, patient received 9 sessions starting from 08/07/14. Treater states in progress report dated 08/21/14 that "the patient will continue with his therapy. Once his therapy has been completed, he will be made permanent and stationary with future medical benefits." Diagnosis 08/11/14 - Excision of neuroma right II radial digital nerveThe utilization review determination being challenged is dated 09/18/14. The rationale was "Based on the fact that the IW is well past the subacute healing phase post-op 4 months and has already had adequate course of similar therapy with some documented sustained functional improvement..." Treatment reports were provided from 07/24/14 to 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op right hand therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS post-surgical guidelines for Forearm, Wrist, & Hand Digital nerve repair Page(s): 18-20.

Decision rationale: Patient is status post a radial digital nerve resection on 05/09/14 and presents with pain in palm and wrist, the request is for Post Op Right Hand Therapy. The request appears to be within post-operative time-frame. For post-operative therapy, MTUS post-surgical guidelines pp18-20 for Forearm, Wrist, & Hand Digital nerve repair, 8 sessions over 4 months are recommended with 6 months post-operative time-frame. Treater states in progress report dated 08/21/14 that "the patient will continue with his therapy. Once his therapy has been completed, he will be made permanent and stationary with future medical benefits." Other than this, the treater does not report on the patient's progress and why additional therapy is needed. Per physical therapy note dated 08/22/14, patient received 9 sessions starting from 08/07/14. Patient has exceeded allowable post-operative physical therapy sessions for his condition based on MTUS guidelines and the request is not medically necessary.