

Case Number:	CM14-0064035		
Date Assigned:	07/11/2014	Date of Injury:	09/20/2013
Decision Date:	01/27/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/06/2014

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 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:

This is a patient with a date of injury of September 20, 2013. A utilization review determination dated April 23, 2014 recommends noncertification of physical therapy for the right index finger. A progress report dated March 18, 2014 identifies subjective complaints indicating that the patient has attended "7 weeks of physical therapy so far." The patient underwent left hand surgery on August 24, 2013. He continues to report pain in the left hand. He also complains of pain in the right index finger with numbness and tingling. Physical examination reveals full grip with subjective weakness and tenderness at the A1 pulley in the left hand. The right index finger is able to flex to the thenar eminence with mild tenderness in the nail plate and loss of sensation to light touch. Diagnoses include trauma to the left-hand, status post left hand trigger finger surgery, left hand residual pain, and right index finger trauma with loss of sensation. The treatment plan recommends referral to a hand surgeon, x-rays of both hands, physical therapy for both hands and of the lumbar spine, and referral to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x wk. x 6wks Right index finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear exactly how many sessions of therapy the patient has previously been provided, making it impossible to determine if those sessions when added to the currently requested number, exceeds the maximum number recommended by guidelines for this patient's diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.