MAXIMUS Federal Services

Case Number:	CM15-0139559		
Date Assigned:	07/29/2015	Date of Injury:	01/28/2013
Decision Date:	08/26/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female, who sustained an industrial injury on 1/28/2013. She reported feeling a pop and hearing a snap in the right thumb with pain and pain in the right wrist with a lifting activity. Diagnoses include right thumb CMC strain, possible ligamentous damage, and triangular fibrocartilage complex tear, tight wrist, status post arthroscopic repair. Treatments to date include medication therapy and activity modification. Currently, she complained of swelling and pain in the right thumb. On 6/24/15, the physical examination documented edema and pain with range of motion. There was loss of sensation in the right thumb. The medical records indicated that there had been no physical therapy post wrist arthroscopy completed on 1/16/15. The plan of care included eight physical therapy sessions, twice a week for four weeks, to treat the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times weekly for hour weeks, right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in January 2013 and underwent a right triangular fibrocartilage complex repair of the right wrist in January 2015. In March 2015, she had been cleared by her surgeon and was receiving physical therapy. When seen, there was decreased and painful right thumb range of motion. There was edema. An additional 8 therapy sessions were requested. Guidelines recommend up to 16 visits over 10 weeks with a physical medicine treatment period of 4 months after the surgery that was performed. The physical medicine treatment period has been exceeded and the claimant is being treated under the chronic pain treatment guidelines. The claimant has already had post-operative therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.