

Case Number:	CM15-0189170		
Date Assigned:	10/01/2015	Date of Injury:	02/26/2015
Decision Date:	11/17/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 24 year old male, who sustained an industrial injury on 2-26-2015. The injured worker is being treated for right hand-finger status post amputation of distal 3rd and 4th digit, right elbow sprain-strain, right shoulder sprain-strain, chest pain and anxiety. Treatment to date has included surgery (amputation of distal right ring and middle fingers on 2-26-2015), medications and physical therapy and a functional capacity evaluation on 7-21-2015. Per the most recent Primary Treating Physician's Progress Report dated 7-31-2015, the injured worker reported right elbow, right wrist and hand and right shoulder pain. Objective findings included tenderness to palpation of the chest (rectus major) and tenderness to palpation of the wrists and hands. There is no documentation of prior physical therapy or any improvement in symptoms, increase in activities of daily living or decrease in pain level with any prior treatment. Work status was temporary total disability. The plan of care included physical therapy (2x4), diagnostic testing including electrodiagnostic testing, medications and consultations. Authorization was requested for 12 (3x4) physical therapy visits for the right hand. On 8-25-2015, Utilization Review non-certified the request for 12 (3x4) physical therapy visits for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right hand, 3 times weekly for 4 weeks, 12 sessions, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The claimant sustained a work injury in February 2015 when, while fixing a machine, the machine was activated and crushed his right hand with partial amputations of the distal phalanges of the right third and fourth fingers. He subsequently developed shoulder, elbow, and forearm pain. He continues to be treated for right upper extremity pain and secondary depression, anxiety, and insomnia. He was seen for an initial evaluation by the requesting provider on 06/30/15. After undergoing surgery on the date of injury, he received about four sessions of physical therapy in early March 2015 and a subsequent 15 sessions were provided. When seen he was having headaches, intermittent chest pain, and intermittent pain throughout the right upper extremity. Pain was rated at 5-6/10. Physical examination findings included decreased right grip strength. There was reproducible anterior chest wall tenderness. There was tenderness throughout the upper extremity. There was positive right shoulder apprehension testing. There was pain with elbow, wrist, and hand range of motion. There was limited third and fourth finger range of motion. There was hyperesthesia around the amputation sites. Ibuprofen, cyclobenzaprine, and topical compounded cream was prescribed. Authorization was requested for physical therapy three times per week for four weeks. After the claimant's hand injury, guidelines recommend up to 14 visits over 3 months with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical 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. The number of additional visits requested for the hand is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. There is no new injury and no specific therapeutic content is being requested. The request is not medically necessary.