

Case Number:	CM15-0020898		
Date Assigned:	02/10/2015	Date of Injury:	03/04/2014
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female, with a reported date of injury of 03/04/2014. The diagnoses include left thumb metacarpophalangeal (MCP) joint ulnar collateral ligament rupture and status post left thumb MCP joint ulnar collateral ligament repair (07/14/2014). Treatments have included physical therapy and occupational therapy. The progress report dated 12/01/2014 indicates that the injured worker was four and a half months after surgery, and still had stiffness and swelling in the left thumb. There was less pain, and the injured worker was working full-duty. The physical examination showed a well-healed scar on the left thumb MCP ulnar aspect, no tenderness, no instability in extension and slight flexion, limitation of the thumb MCP motion, slight decreased left thumb radial abduction compared to the right side, and opposition to the base of the small finger lacks 1 cm. The treating physician recommended additional therapy, and requested twelve post-operative physical therapy sessions for improvement with motion. On 01/23/2015, Utilization Review (UR) denied the request for twelve post-operative physical therapy sessions, noting that the injured worker completed a total of thirty-six postoperative physical therapy sessions, and there was insufficient evidence to justify additional treatment outside of the guidelines. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy (x 12): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical treatment/ligament repair: 24 visits over 16 weeks.

Decision rationale: The patient had 36 post-op sessions without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received beyond the therapy sessions of 24 visits for post-surgical ligament repair recommended for this post-surgical period. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Post-operative physical therapy (x 12) is not medically necessary and appropriate.