

Case Number:	CM15-0035305		
Date Assigned:	03/03/2015	Date of Injury:	02/05/2014
Decision Date:	04/15/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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, who sustained an industrial injury on 2/5/14. She has reported right hand injury. The diagnoses have included pain syndrome right hand and status post proximal fracture 2/19/14. Treatment to date has included buddy taping of fingers, physical therapy, injections, activity restrictions and occupational therapy. Currently, the injured worker complains of residual stiffness with continuous prolonged buddy taping. Physical exam dated 1/6/15 noted no pain with active/passive range of motion and no edema or erythema. On 1/26/15 Utilization Review non-certified physical therapy 2 times a week for 6 weeks of right hand, noting the lack of documentation of objective/subjective functional improvement benefit from prior physical therapy and the number of prior physical therapy visits is not documented. The MTUS, ACOEM Guidelines, was cited. On 2/25/15, the injured worker submitted an application for IMR for review of physical therapy 2 times a week for 6 weeks of right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right hand, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/ Occupational therapy.

Decision rationale: Based on the 01/09/15 progress report provided by treating physician, the patient presents with right hand pain rated 6-7/10. The request is for PHYSICAL THERAPY OF THE RIGHT HAND, TWICE WEEKLY FOR SIX WEEKS. The patient is status post proximal fracture to right pinky 02/19/14. RFA not provided. Patient's diagnosis on 01/09/15 included "right hand small finger proximal phalanx fracture requiring close reduction and percutaneous pinning and development of CRPS." Patient's medications included Ibuprofen. The patient is working with restrictions, per treater report dated 01/09/15. ODG-TWC, Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under Physical/ Occupational therapy states: "ODG Physical/ Occupational Therapy Guidelines Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. Fracture of one or more phalanges of hand (fingers) (ICD9 816): Minor, 8 visits over 5 weeks. Post-surgical treatment: Complicated, 16 visits over 10 weeks." MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." The patient is no longer within postoperative treatment period. Per progress report dated 01/09/15, treater states the patient "has continued physical therapy, although she still has limitation. She still has hypersensitivity and requires additional physical given her limitations. I will request additional 12 sessions of physical therapy for the right hand to work on a lot of range of motion and desensitization." Physical therapy notes dated 02/05/14 - 01/02/15 was provided. Given the patient's diagnosis, physical therapy would be indicated. However, per PT note dated 01/02/15, the patient has had 59 visits. Treater does not document measurable reduction in pain or improvement in function due to prior treatment. Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.