

Case Number:	CM15-0059184		
Date Assigned:	04/03/2015	Date of Injury:	05/11/2014
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/28/2015

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 49 year old female, who sustained an industrial injury on 5/11/2014. She reported a left hand crush injury, scaphoid fracture. The medical record indicated she subsequently required urgent surgery 6/4/14 followed by a second surgery 6/18/14. Diagnoses include chronic pain syndrome, peripheral neuropathy, and hand pain. Treatments to date include medication therapy, TENS unit, and physical/occupational therapy. Currently, she complained of left hand and wrist stiffness, improving with therapy. On 3/2/15, the physical examination documented full range of motion in all digits and left wrist with decreased grip strength noted. The plan of care included continuation of NSAID and analgesic as needed and occupation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

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 left hand crush injury with scaphoid fracture nearly one year ago. She underwent two surgeries with the last done in June 2014. Treatments have included postoperative therapy. When seen, hand discomfort and range of motion were improving. She had full range of motion. There was decreased grip strength. Authorization for 12 additional occupational therapy treatments with a question. In terms of postoperative therapy, guidelines recommend up to 16 visits over 10 weeks with a treatment period of four months. In this case, the claimant's surgery was more than six months ago and therefore, the chronic pain treatment guidelines apply. 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 and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.