

Case Number:	CM13-0062142		
Date Assigned:	12/30/2013	Date of Injury:	08/08/2011
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who reported an injury on 08/08/2011. The patient reportedly suffered a crush injury to the left index and long finger between a pipe and a breaker. The patient is diagnosed as status post left carpal tunnel release and long trigger finger release, status post crush injury to the left hand with index and long distal phalanx fracture, left shoulder adhesive capsulitis, and left carpal boss. The patient was seen by [REDACTED] on 10/24/2013. The patient reported significant pain and stiffness in the left shoulder and wrist. Physical examination revealed stiffness in the left wrist and index fingers, diminished sensation in the median nerve distribution, positive Tinel's testing bilaterally, and diminished grip strength on the left. Treatment recommendations included physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (2 x 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. According to the documentation submitted, the employee has completed a substantial amount of physical therapy to date. Documentation of objective functional improvement following the initial course of physical therapy was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request for physical therapy (2x6) is non-certified.