MAXIMUS Federal Services

Case Number:	CM14-0127474		
Date Assigned:	08/15/2014	Date of Injury:	02/07/2014
Decision Date:	09/26/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 49-year-old male who reported an injury on 02/07/2014. The mechanism of injury was not provided. On 06/06/2014 the injured worker presented with discomfort involving the right hand and pain involving the right shoulder. There was mild flexion lag persisting, involving the MT joint of the ring and small fingers with an intrinsic thickness test that is positive in the small finger. There was a negative Phalen's and Tinel's sign. Diagnoses were history of complex soft tissue injury involving the right hand, post injury wound dehiscence of the right hand, post injury extensor tendon scarring on the dorsum of the right hand markedly comprising digit motion and probable post traumatic carpal tunnel syndrome improving. Prior therapy included medications and a home therapy program. The provider recommended physical therapy 3 times a week times 8. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The request for PHYSICAL THERAPY 3 X 8 is not medically necessary. The California MTUS 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request for 3 physical therapy visits times 8 weeks exceeds the guidelines' recommendations. The provider's request does not indicate the site at which the physical therapy visits is indicated for in the request as submitted. As such, the request is not medically necessary.