

Case Number:	CM14-0146767		
Date Assigned:	09/12/2014	Date of Injury:	06/28/2012
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 38 year old female with a work injury dated 6/28/12. The diagnoses include (R) hand crush injury and CRPS. Under consideration is a request for physical therapy (PT) 2 x 4 for the right thumb/hand. There is a primary treating physician report dated 7/23/14 that states that the right thumb pain, increasing, 9/ 10 scale. Complains of overly sensitive right upper extremity with weakness. She recalls a failed right sympathetic ganglion block. Medication does per patient facilitate improved activity and function, examples provided. Pain level is markedly decreased with medication. Patient reports that ADL's are maintained with medication including grocery shopping, essential household duties, and caring for self. Patient recalls that ADLs had at times, before medication on board, been in jeopardy but are now maintained. Patient notes improved range of motion and greater tolerance to exercise and adherence to recommended activity level. On exam there is hyperalgesia right; hyperesthesia remains unchanged. Marked weakness of the right hand, spasm of intrinsic hand muscles decrease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2x4 for the Right Thumb/Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy (PT) 2x4 for the Right Thumb/Hand is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 24 visits for this condition. The patient has had extensive prior physical therapy for this condition. She should be well versed in a home exercise program at this point without significant evidence of functional improvement. The request for 8 more supervised therapy sessions is not medically necessary. The request for physical therapy (PT) 2x4 for the right thumb/hand is not medically necessary.