MAXIMUS Federal Services

Case Number:	CM14-0176355		
Date Assigned:	10/29/2014	Date of Injury:	07/15/2010
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 reports that while working at [redacted] on July 15, 2010, he injured his left hand and required amputation of the left index and left middle fingers. He has since then developed pain on the left upper extremity, numbness, tingling and weakness. He experienced depression, sadness, and occasional headaches due to pain, physical limitations and aesthetics of his hand. He developed pulling and stretching sensations at the amputation sites. The patient then then underwent a revision surgery at the left hand on January 17, 2011 to gain mobility and use of the fingers. He completed his postoperative care and rehabilitation therapies a few months later. He was declared permanent and stationary by [redacted] sometime in May 21,2012. The patient remained working at light duty capacity from January 2012 until January 21, 2013. The patient reports that from 2012 to January 23, 2013, he developed pain in the mid back, left shoulder, bilateral hips, and bilateral upper extremities from having to drive a truck and load and unload with a pallet jack which were gotten stuck on the broken wooden bed truck so he had to forcefully pull/push to free the pallet jack. He developed stress and headaches due to lack of sensation, weakness and numbness of the hand, fingers, wrist and arm. His diagnoses are: 1) Severe crush injury to the left hand with open fractures of the proximal phalangesof the index, middle, ring and small fingers. 2) Status post second ray amputation. 3) Residual stiffness. 4) Probable injury to radial digital nerve versus neuroma of radial digital nerve to middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times Weekly, Left Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist and Hand, Page(s): 28-20.

Decision rationale: The patient has undergone several procedures and apparently continues to have hand pain and finger stiffness. The records do not include recent progress notes that document recent procedures or interventions. The patient is beyond the post-surgical physical medicine treatment period for all of the listed diagnoses. The records do not document any new indications for therapy. Therefore, the request is not medically necessary.