MAXIMUS Federal Services

Case Number:	CM14-0098202		
Date Assigned:	09/16/2014	Date of Injury:	06/10/2012
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine and is licensed to practice in California. 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:

There were 165 pages for review. There was a non-certification recommendation from June 9, 2014. It was for physical therapy 12 to 18 sessions 2 to 3 times a week for six weeks for the left hand. The application for independent medical review was signed on June 17, 2014. Per the records provided, the patient sustained an industrial injury reportedly on June 10, 2012. The patient was authorized a left ring finger trigger release and left-hand excisional biopsy and postoperative therapy times eight sessions on February 26, 2014. The patient has completed five of the eight therapy sessions. A new physician was requesting more therapy due to pain. There was a puncture wound in the left hand between the third and fourth digits with resultant injury to the flexor tendon sheaths. Following the injury it appears that carpal tunnel syndrome was present but pre-existing. There was a September 10, 2014 report. A screwdriver punctured her left hand between the third and fourth digits. The date of her injury was back in June 2012. She had surgery in May 2014. She did work for a short time doing some clerical work, but she has not worked since. She was not able to work, but the doctor noted that she has been showing her dogs at dog shows. She is post several surgical procedures. The scars thickened and the range of motion is somewhat limited. There is mention of ill-defined cerebral vascular disease, osteoarthritis, reflex sympathetic dystrophy, tenosynovitis and cervical pain. Medicines include Tramadol, Soma, Flexeril, Butrans Transdermal system, Lyrica and Lidoderm. She has a left trigger finger, left flexor tendon cyst and a cyst at the tip of the finger. The carpal tunnel syndrome is not related. There are no particular restrictions. She can return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3x a week for 6 weeks for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks; and reflexes sympathetic dystrophy complex regional pain syndrome (CRPS) 24 visits over 16 weeks. This injured worker does not have these conditions. Therefore, based on the evidence and guidelines this request is not medically necessary.