

Case Number:	CM15-0100372		
Date Assigned:	06/02/2015	Date of Injury:	03/21/2014
Decision Date:	06/30/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on 3/21/14. He has reported initial complaints of a left hand injury. The diagnoses have included crush injury to the left hand, left middle and index finger tenosynovitis, right ring finger tenosynovitis, and status post open reduction and internal fixation of the left index finger with subsequent hardware removal. Treatment to date has included medications, activity modifications, and diagnostics, off work, surgery, conservative care, occupational therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/9/15, the injured worker complains of pain in the left second and third digits and rated the pain 6/10 on pain scale which has increased from last visit which was 4/10. The physical exam of the left wrist and hand reveals there is grade 1 tenderness to palpation, which has decreased from grade 2 on the last visit and there is restricted range of motion. The physician noted that the injured worker states that he treatment helps, physical therapy helps to decrease the pain and tenderness, he reports that function and activities of daily living (ADL) have improved with physical therapy, the injured worker has decided not to get a second surgery, he continues to complain of left hand weakness and he may be approaching maximum medical improvement from a conservative perspective. The previous therapy sessions were noted in the records. The physician requested treatments included 12 physical therapy visits with evaluation and 1 final physical performance functional capacity evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits with evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic): Physical/Occupational therapy (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2014. He continues to be treated for left second and third digit finger pain. Prior treatments had included surgery and physical therapy. When seen, pain was rated at 6/10. There was decreased wrist and hand range of motion with tenderness. Recommendations included 12 sessions of physical therapy and a functional capacity evaluation. The claimant is being treated for chronic pain. There is no new injury. In this case, the claimant has already had physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. The number of additional visits requested is in excess of that recommended or what would be needed to establish or revise the claimant's home exercise program. The request is not medically necessary.

1 final physical performance functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness for Duty: Functional capacity evaluation (FCE) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in March 2014. He continues to be treated for left second and third digit finger pain. Prior treatments had included surgery and physical therapy. When seen, pain was rated at 6/10. There was decreased wrist and hand range of motion with tenderness. Recommendations included 12 sessions of physical therapy and a functional capacity evaluation. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional physical therapy treatments. He is therefore not considered at maximum medical improvement and the time frame for achieving maximum medical improvement cannot be predicted. Requesting a Functional Capacity Evaluation at this time is not medically necessary.