

Case Number:	CM15-0172306		
Date Assigned:	09/14/2015	Date of Injury:	03/06/2007
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 year old female, who sustained an industrial injury on March 6, 2007, incurring left hand, wrist and elbow injuries. Treatment included physical therapy and home exercise program, splinting and bracing, ultrasound, pain medications, left hand surgical arthroplasty and restricted and modified activities. Currently, the injured worker complained of loss of functional range of motion and strength of the left hand. She complained of persistent throbbing pain in the palm of her left hand. She noted wrist pain, burning in her palm with tingling in her fingers. She was unable to perform activities of daily living, cutting her food, dressing and grooming herself. She was diagnosed with left Dupuytren's contracture. She underwent a surgical release on May 13, 2015. The treatment plan that was requested for authorization on September 1, 2015, included physical therapy twice a week for six weeks. On August 18, 2015, utilization review denied the request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The patient presents with left hand pain. The request is for PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS. The request for authorization is not provided. The patient is status post excision of Dupuytren's left palm, 05/13/15. Patient's diagnosis include status post Dupuytren's excision left hand; status post left thumb CMC arthroplasty with tendon transfer; right CMC degeneration and instability. Physical examination of the left palm and index finger wounds are clean and dry. There is no sign of infection. Flaps are viable. There is slightly decreased sensation to light touch on the ulnar aspect of the small finger. Per progress report dated 05/22/15, the patient is temporarily totally disabled. MTUS Post-Surgical Guidelines, Forearm, Wrist, & Hand, pages 18029 allow for 12 visits over 8 weeks for contracture of palmar fascia (Dupuytren's). The post-surgical time frame is 4 months. Per physical therapy report dated 07/13/15, treater states, "Patient would benefit from continued skilled intervention for return to pain free ADLs. Patient lacking strength in (L) hand to complete tasks that require gripping or pinching." Per UR letter dated 08/18/15, reviewer states, "it was noted that the patient has attended 12 sessions of physical therapy." In this case, the patient continues with severe left hand pain and is within the post-surgical time frame. Given the patient's condition, a short course of physical therapy would appear to be indicated. However, the current request for additional 12 sessions of Physical Therapy exceeds what is recommended by MTUS for the patient's post-surgical condition. Therefore, the request IS NOT medically necessary.