MAXIMUS Federal Services

Case Number:	CM14-0154356		
Date Assigned:	09/23/2014	Date of Injury:	05/07/2014
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopedic Surgery 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:

The claimant is a 53 year old male who sustained a vocational injury on 05/07/14 when a piece of his clothing was caught in a circular saw and he sustained a laceration of the left forearm including the flexor tendon. As a result of the injury the claimant required surgery that included irrigation and debridement of the wound, repair of the palmaris longus of the left hand, repair of the flexor carpal nerves, repair of the flexor digitorum superficialis, exploration of penetrating wound, exploration of the ulnar and median nerve, repair of complex laceration, and local tissue advancement to repair complex laceration of the left forearm. The office note dated 07/31/14 documented that on examination the wound was healing and there was improved range of motion and grip strength. It was documented that into the future the claimant could consider tenolysis if range of motion and limitations persisted. Diagnosis was acquired hand deformity and it was recommended that the claimant continue therapy to be more aggressive with increased grip strength. Documentation suggests that the claimant had 18 sessions of therapy for the injury. The physical therapy note available for review is dated 07/31/14, the date of the eleventh of eighteen therapy sessions. The claimant reported a paper cut feeling on the volar forearm, approximately two inches up from the wrist. It was hypersensitive to light touch of objects brushing across part of his arm. He reported no change in numbness of the left small finger. The claimant is noted to have a decreased grip strength and 4/5 strength with regards to pronation, left wrist flexion, and both radial and ulnar deviation, otherwise, strength was noted to be 5/5. He was noted to be able to make a composite fist. This review is for an additional eighteen physical therapy sessions for the left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions to the left forearm (3 times per week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Post-Surgical Treatment Guidelines state that if there is no functional improvement demonstrated; postsurgical treatments should be discontinued at any time during the postsurgical physical medicine. It was noted the frequency of visits shall be gradually reduced or discontinued as the patient gains an independence and management of symptoms and with achievement of functional goals. With documentation of function improvement, the subsequent course of therapy should be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment can be continued up to the end of the post-surgical physical medicine. The California Post-Surgical Treatment Guidelines support twenty visits over three months for up to six months following surgical intervention. The medical records provided for review suggest that the claimant was approved for eighteen visits of postsurgical therapy; however, the most recent documentation of functional progress is from July, 2014, at the time of the eleventh visit out of eighteen visits. Prior to considering the medical necessity of additional therapy, it would be pertinent to know how the claimant responded as a result of the remaining visits bringing his total to the eighteen sessions initially authorized. Prior to considering additional requests for therapy, there needs to be documentation of functional and qualitative objective improvement over the remaining sessions in order to determine medical necessity of additional treatments. Given the fact that there is limited documentation supporting functional and overall improvement with regards to the original course of therapy, additional therapy at this time cannot be considered medically necessary based on the documentation presented for review and in accordance with California Post-Surgical Treatment Guidelines.