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| Case Number: | CM13-0035116 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 05/02/2011 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 37-year-old female with a reported date of injury of 05/02/2011. The mechanism of injury is not provided for the records. She was seen on 12/03/2012 and described increasing stiffness and swelling to her right small finger. She was making good extension and had no obvious swelling on exam and was able to make a complete fist and has no gross instability and no acute neurological changes. She was seen in clinic on 08/28/2013 and again described tenderness to the PIP joint of the small finger. She described swelling as well. On exam, there was mild tenderness to the PIP joint, but there is no gross instability noted. There were no acute neurological changes and there were no signs of infection. Diagnosis was sprain to the right small finger at the PIP joint and right small trigger finger. Treatment plan going forward was physical therapy or occupational therapy 3x6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Physical Therapy or Occupational Therapy 3x6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Workers' Compensation Final Regulations - Medical treatment utilization schedule regulations; Title 8, California Code of Regulations, Sections 9795.20-9792.23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The request is for 18 physical therapy or occupational therapy visits. MTUS chronic pain guidelines state, "The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability." Guidelines indicate fading of treatment frequency from up to 3 visits per week to 1 or less would be recommended, plus an active, self-directed home physical medicine program. For myalgia and myositis, 9 to 10 visits over 8 weeks would be considered reasonable. The submitted records do not indicate this patient has significant functional deficits such as range of motion deficits or strength deficits for which physical therapy would be supported. Current status of this patient is unknown as her last clinical note was August 28, 2013. Therefore, there is no indication this patient has, at this time, functional deficits for which would be supported. Guidelines do not support this number of physical therapy visits. This request therefore, is not considered medically necessary and is non-certified.