

Case Number:	CM13-0062757		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2012
Decision Date:	05/06/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation 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:

This 51 year-old journeyman ironworker sustained an injury when he fell while climbing down from a scaffold on 7/17/12 while employed by [REDACTED]. Request under consideration include 12 PHYSICAL THERAPY SESSIONS-RIGHT HAND-MYOFASCIAL RELEASE. Report of 7/19/13 from the provider noted patient with persistent tenosynovitis in right arm with Dupuytren's contracture; right hip pain with trochanteric bursitis and right lumbar low back pain with recognized myofascial pain. Exam noted right hip, lateral thigh and buttock tenderness pathognomonic for right hip trochanteric bursitis (no other exam documented). Impression has pelvis joint pain and hand joint pain. Plan included medications Tramadol, Ibuprofen, hip injection, and PT for right hip and OT/hand therapy for right hand which comply with trochanteric bursitis, myofascial pain, and persistent tenosynovitis. Report of 9/27/13 from the provider noted patient with pain rated at 4/10. He presented with additional symptoms in his left shoulder arising out of repetitive work and continues to work modified duties. Exam shows trigger point in the rhomboid muscle. Treatment recommendations included discussion of using tennis ball on a stick to put localized pressure; request for trigger point injections to left shoulder; PT for right hip; and medications. Review indicated the patient has had 4 PT visits without reported change. There was no mention on report noting PT request for right hand. AME report of 8/26/13 noted patient with unremarkable MRI of wrist and had 4 sessions of PT without any change. Diagnoses included chronic right wrist strain and chronic lower back and hip strain, deeming the patient to be P&S with occasional short courses of PT for flare-ups. Request for PT x 12 session for right hand-myofascial release was non-certified on 11/20/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS-RIGHT HAND-MYOFASCIAL RELEASE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY; PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: This 51 year-old journeyman ironworker sustained an injury when he fell while climbing down from a scaffold on 7/17/12 while employed by [REDACTED]. Request under consideration include 12 PHYSICAL THERAPY SESSIONS-RIGHT HAND-MYOFASCIAL RELEASE. Report of 7/19/13 from the provider noted patient with persistent tenosynovitis in right arm with Dupuytren's contracture with request for PT. Ortho AME report of 8/26/13 noted patient with unremarkable MRI of wrist and had 4 sessions of PT without any change. Diagnoses included chronic right wrist strain and chronic lower back and hip strain, deeming the patient to be P&S with occasional short courses of PT for flare-ups. Report of 9/27/13 from the provider noted patient with persistent pain rated at 4/10. Exam shows trigger point in the rhomboid muscle. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received PT visits without functional improvement. There is new evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment request. The 12 PHYSICAL THERAPY SESSIONS-RIGHT HAND-MYOFASCIAL RELEASE is not medically necessary and appropriate.