

Case Number:	CM14-0100299		
Date Assigned:	07/30/2014	Date of Injury:	07/12/2013
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 56-year-old male with an injury date on 07/12/2013. Based on the 05/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Central/paracentral disc protrusion at C4-C5 and bulge at C5-C6 with bilateral neuroforaminal narrowing. 2. Left-sided C5-C6 radiculopathy (Electromyography (EMG) confirmed). 3. Chronic myofascial pain syndrome. According to this report, the patient complains of severe neck pain shooting down the left upper extremity with tingling, numbness, and paresthesia. The patient rated the pain as a 7-8/10. The patient also has severe pain in the right hand due to a recent surgery. There is diminished sensation to light touch in the left hand. Cervical range of motion is restricted. Tenderness is noted at the paravertebral muscle at the lower cervical and left supraclavicular region. There were no other significant findings noted on this report. [REDACTED] is requesting 12 additional therapy sessions post-op right hand. The utilization review found the request medically unnecessary on 06/19/2014. [REDACTED] is the requesting provider and he provided treatment reports from 01/14/2013 to 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional therapy sessions post -op right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand and MTUS post-surgical guidelines, pages 18-20, (Not including Carpal Tunnel Syndrome –see separate post surgical guideline).

Decision rationale: According to the 05/14/2014 report by [REDACTED], this patient presents with severe neck and right hand pain from a recent surgery. The treater is requesting 12 additional physical therapy sessions but the treating physician's report and Request for Authorization containing the request is not included in the file. The patient is status post Right Trigger Finger (3rd, 4th, and 5th fingers) corrective surgery on 03/21/2014. The Utilization Review denial letter states the Physical Therapy note from 5/8/14 after 8 therapy sessions describes normal finger ROM, R/L grip is 35/85, no pain level found, and unfortunately, the clinical documentation submitted does not support an additional 12 therapy sessions. Regarding post-op Trigger Finger therapy treatments, MTUS guidelines recommend 9 visits over 8 weeks. There does not appear to be any specific reason provided by the treater as to why this patient would require more therapy than what is allowed by MTUS. Given that the patient had completed 8 therapy sessions, the requested 12 sessions exceed what is recommended by MTUS for this kind of condition. Therefore, this request is not medically necessary.