

<b>Case Number:</b>	CM14-0103078		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 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 injured worker is a 50-year-old female who reported an injury on 05/17/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck, left shoulder, left wrist, and bilateral hands. The injured worker's treatment history included medications and acupuncture. It was noted that the injured worker had not undergone any physical therapy or chiropractic care. The injured worker was evaluated on 05/08/2014. The injured worker complained of ongoing cervical spine and left middle finger pain complaints. Physical examination documented that the injured worker had restricted range of motion secondary to pain of the cervical spine. Evaluation of the left middle finger noted that she was able to make a full grip with her hand and there was no evidence of soft tissue swelling or localized tenderness. The injured worker's diagnosis included continuous trauma injury, cervical strain, left shoulder strain, and left middle finger strain with tendonitis of the extensor tendon. The injured worker's treatment plan included referral to a hand specialist for left middle finger pain, physical therapy for the cervical spine and left middle finger, and MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for cervical spine and left middle finger, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** The requested physical therapy for cervical spine and left middle finger 12 visits is not medically necessary or appropriate. The clinical documentation does indicate that the injured worker has not undergone any physical therapy for her injuries. California Medical Treatment Utilization Schedule does recommend physical medicine to address pain complaints. California Medical Treatment Utilization Schedule recommends up to 10 visits for myofascial pain. The requested 12 visits exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested physical therapy for cervical spine and left middle finger for 12 visits is not medically necessary or appropriate.

**Referral to Hand Surgeon for Left Middle Finger:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7: " Consultation to aid in the diagnosis, prognosis, therapeutic management, to determine if medical stability and permanent residual loss and/or examinees fitness for return to work."

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 127.

**Decision rationale:** The requested referral to a hand surgeon for left middle finger is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend specialty consultations when the injured worker has a complicated diagnosis that would benefit from the additional expertise of a specialist for treatment planning. The clinical documentation submitted for review does indicate that the injured worker has not exhausted all conservative measures and requires a specialist consultation. There is no evidence that the injured worker is a surgical candidate at this time. As such, the requested referral to the hand surgeon for left middle finger is not medically necessary or appropriate.

**Magnetic Resonance Imaging (MRI) Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Guidelines, Cervical Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The requested magnetic resonance imaging for the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging studies for the cervical spine when there is clinically evident radiculopathy. The clinical documentation submitted for review did not provide any evidence of

clinically evident radiculopathy that would benefit from an imaging study. As such, the requested magnetic resonance imaging (MRI) of the cervical spine is not medically necessary or appropriate.