

Case Number:	CM14-0010035		
Date Assigned:	02/21/2014	Date of Injury:	10/17/1998
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine 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 57-year-old male, who has submitted a claim for left carpal sprain, left right middle trigger finger, right carpal tunnel syndrome and lumbar strain associated with an industrial injury date of January 15, 2014. Medical records from 2013 were reviewed, which showed that the patient complained of pain in the right hand and wrist with constant neck pain. There was also swelling and pain on the left wrist. The patient also complained continuous pain and discomfort in the low back, with radicular pain to both legs. On physical examination of the cervical spine, there was tenderness and tightness in the right posterior cervical muscles and at the base of the neck. Tenderness was also noted on the right upper shoulder area. Examination of the elbow revealed a surgical scar over the medial aspect of both elbows. Tinel's sign was negative on both carpal tunnels however; there was pain over the carpal tunnel on the right. Triggering was also noted on the left middle finger. MRI of the left shoulder done on June 14, 2010 showed mild subacromion-subdeltoid bursitis and mild acromioclavicular joint osteoarthritis. Treatment to date has included medications, physical therapy, trigger finger release and excision of ganglion cyst on the left middle finger. Utilization review from January 15, 2014 denied the request for physical therapy 3x a week for 6 weeks for the left hand, lumbar and/or sacral vertebrae because the request exceeds what the guidelines suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X A WEEK FOR 6 WEEKS FOR THE LEFT HAND, LUMBAR AND/OR SACRAL VERTEBRAE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: As stated on CA MTUS Post-Surgical Treatment Guidelines, under the section of trigger finger, the recommended post surgical treatment is 9 visits over 8 weeks. In addition, CA MTUS Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, the request for post-surgical treatment physical medicine totaled to 18 sessions which is beyond what the guideline suggests. Based on the records reviewed, the patient already had 5 sessions of Physical Therapy. There was no documentation of functional improvement during the course of PT. Therefore, the request for Physical therapy 3X a week for 6 weeks for the left hand, lumbar and/or sacral vertebrae is not medically necessary.