

Case Number:	CM14-0123967		
Date Assigned:	08/08/2014	Date of Injury:	06/08/2013
Decision Date:	09/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 injured worker is a 75-year-old male who reported an injury on 06/08/2013 while working overtime at the Palace Hotel; he was pulling a cart loaded with 10 sized 66 inch round tables when he noticed a waiter standing on the left side along his way. To avoid hitting that person, he swerved the cart on the right and all of a sudden the cart hit the metal post of the wall, pinning his right hand. The injured worker's treatment history included MRI studies, x-rays, medications, pain management consultation, joint Kenalog injections, and physical therapy. The injured worker was evaluated on 07/15/2014 and the provider submitted an appeal letter regarding the denial of the 6 sessions of physical therapy for the neck and right arm. Within the documentation submitted for the appeal letter, the provider noted the injured worker had completed 9 sessions of physical therapy; however, did not feel a significant improvement in pain condition. Within the documentation submitted for the appeal, the provider noted the injured worker had completed 9 sessions of physical therapy in 04/2014. He felt there was a mild benefit, but would like to receive more instruction on how to better cope with his pain on the exercises he needs to do to help with his pain. He said that his pain was currently 9/10 on the VAS. He reported that his right arm was sometimes more swollen on the right than the left, and had occasionally slight red in color noticeably in the right arm compared to the left. Provider noted the injured worker has been using Ultracet for the breakthrough pain as needed. He also has been using Naproxen twice a day as needed for pain. He utilizes Ketamine Cream for topical pain relief and does report benefit used for topical medication. He stated it helped him relieve some of his neuropathic pain in the right upper extremity. Physical examination revealed there is no evidence of sedation. He was cooperative and conversant. He had tenderness over the right dorsal aspect of the hand over the right third and fourth interossei. He was wearing a right wrist brace. There was no evidence of significant color change, but swelling was noted over the dorsal

aspect of the right hand. He had guarding noted on the right shoulder, elevation on both flexion and abduction, which was limited by approximately 10% of normal. There was mild decreased sensation to light touch in the right radial aspect of the right arm and forearm. His gait was grossly normal. The injured worker had undergone an EMG/NCS of bilateral extremities on 05/27/2014 that revealed there was an abnormal electrodiagnostic study. There was electrodiagnostic evidence of mild right carpal tunnel syndrome as well as findings suggestive of superimposed right C7 chronic cervical radiculopathy. The injured worker continues to have pain in his right hand, which is progressively worsening and radiating to proximal right forearm and upper extremity with neuropathic features. He had difficulty lifting greater than 5 pounds, repetitive elevation of the right arm, repetitive gripping and grasping with the upper extremity. He continued with home exercise program; however, it appears the home exercise program has not been effective as he continues to have functional/occupational defects as mentioned above. He notes he would like to receive more instruction on how to better cope with his pain on exercises he needs to help with his pain. The short term goal for the injured worker is to have improvement of range of motion, improve his grip strength, and establish home exercise program. The long term goals of physical therapy would be to transition back to gainful employment and the provider noted that this can be done only when he has therapy. The provider also noted this will prevent escalation of the oral medications. Diagnoses included crush injury right hand, symptomatic and industrial, right upper extremity neuropathic pain syndrome, symptomatic and industrial chronic pain syndrome, symptomatic and industrial, and cervical pain and stiffness. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (neck, right arm) 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck & Upper Back, Shoulder, Physical Therapy.

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include acupuncture sessions and physical therapy. The documents submitted were unclear if the injured worker received benefit from prior physical therapy. It was noted the injured worker received benefit however, and then it stated he did not. In addition, the documents submitted failed to provide the outcome measurements from the previous therapies the injured worker has completed. Given the above, the request for Physical Therapy Neck and Right Arm, 1X6 is not medically necessary.