

Case Number:	CM14-0166161		
Date Assigned:	10/10/2014	Date of Injury:	06/06/2013
Decision Date:	11/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 52 year old male presenting with a work related injury on 06/06/2013. On 08/21/2014, the injured worker complained of bilateral posterior thumb and right elbow and forearm pain. The physical exam showed decreased right grasping strength by 30 percent, well healed incision at the right hand without discharge or rubor, spasm at the right extensors, pain at the bilateral thumb extensor tendon, right greater than left, Finkelstein test was positive on the right; sensation was decreased at the right C6 and C7 dermatomes. The injured worker was diagnosed with status post right long finger trigger release and status post right carpal tunnel release. The injured worker was placed on modified work restrictions. According to the medical records, the injured worker had 12 prior visits without functional improvement. A claim was placed for additional post-operative physical therapy 2 per week for 4 weeks for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Op Physical Therapy Right Hand (2 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 22.

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

Decision rationale: Additional Post-Op Physical Therapy Right Hand (2 times a week for 4 weeks) is not medically necessary. Page 99 of CA MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.