

Case Number:	CM14-0169965		
Date Assigned:	10/20/2014	Date of Injury:	05/30/2012
Decision Date:	12/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 33-year-old male with date of injury of 05/30/2012. The listed diagnoses per [REDACTED] from 08/22/2014 are: 1. Bilateral hand sprain and strain 2. Bilateral wrist sprain and strain 3. Trigger finger unspecified 4. Lumbar sprain and strain According to this handwritten report the patient was seen by [REDACTED] for a QME on 03/27/2014. The patient complains of pain in his lumbar spine and both long fingers with locking. Examination shows tenderness, spasms, and decreased range of motion in the lumbar spine. There is tenderness in both long fingers. The documents include a QME report from 03/27/2014 and progress reports from 07/11/2014 and 08/22/2014. The Utilization Review denies the request on 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The patient presents with lumbar spine pain and long finger pain with locking. The physician is requesting Physical Therapy times 12 visits. The MTUS Guidelines paged 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The 07/11/2014 report notes ongoing pain with numbness and tingling in both wrist and hands. He reports pain and locking in his left long finger. There is tenderness at the left long finger with decreased sensation in both hands. The 08/22/2014 report shows tenderness, spasms and decreased range of motion in the lumbar spine. Tenderness and triggering was also noted in both long fingers. The provider not show any physical therapy reports to verify how many treatments the patient has received and with what results. In this case, while a short course of physical therapy may be reasonable for the patient's current lumbar spine complaints, the requested 12 visits exceed MTUS recommended 8 to 10 sessions. Therefore, this request is not medically necessary.