

Case Number:	CM14-0181699		
Date Assigned:	11/06/2014	Date of Injury:	09/27/2012
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine, and is licensed to practice in New York. 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 56year old female primary care provider with a date of injury of 09/27/2012. She had a bike accident. The bike went over, the handle bar hit her chest and the left hand hit the ground. She was treated with medication, 12 visits of physical therapy, chiropractic care, TENS unit, splint and steroid injections. She had a prior cervical fusion in 1998 and re-exploration in 2000. After her injury on 07/03/2013, she had C7-T1 fusion, C4-C5 artificial disc replacement and repair C5-C6 fusion. She used opiates for several years. On 05/01/2014 she had left hand pain and had been treated by a hand physician with a steroid injection previously. On 06/30/2014 she noted triggering of her right small finger. There was no examination of her hand noted. On 07/16/2014 she had a decreased cervical range of motion. Motor exam, sensory exam and reflexes of the upper extremities were normal. There was no documentation of right small finger triggering. The right small finger was treated with splinting and steroid injection. She had a previous history of DeQuervain's tenosynovitis of her left hand and was told to return to the hand physician if the pain was worse. On 09/26/2014 she had pain at the left lateral wrist and the base of her thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for hand surgery, right small finger: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-279.

Decision rationale: The injury was to her neck and left hand (not right hand) on 09/27/2012. She had DeQuervain's tenosynovitis of the left hand and was treated with a steroid injection. It was not until 06/30/2014 that she stated that when she woke up after sleeping through the night, in the morning she had triggering of the right small finger. There was no conservative treatment documented. There is no documentation of a failure of conservative treatment. MTUS, ACOEM Chapter 11 does not provide for specialist referrals when there are no red flag signs, no documented injury (to her right hand), and no documented failure of conservative treatment.

Additional physical therapy, 2 times a week, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient had 12 physical therapy visits for her neck. She had physical therapy post surgery X three. **CHRONIC PAIN MEDICAL TREATMENT GUIDELINES** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 99. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 [REDACTED]): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 [REDACTED]) 8-10 visits over 4 weeks Also, there must be a limit for ordering physical therapy as in twice a week for 3 weeks. This order is for twice a week with the number of weeks not indicated. This is not consistent with MTUS guidelines.