

Case Number:	CM14-0024659		
Date Assigned:	06/11/2014	Date of Injury:	05/31/2009
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Minnesota. 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 62 year old male with a reported date of injury on 05/31/2009. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with severe depression, and left thumb pain. The injured worker's Beck Depression score was 31 which revealed a severe depression rating. On physical examination, the injured worker's range of motion to the left shoulder was full and the left thumb range of motion revealed palmar flexion to 20 degrees, palmar adduction to 30 degrees, and palmar abduction to 50 degrees. The right thumb range of motion revealed palmar flexion to 25 degrees, palmar adduction to 25 degrees, and palmar abduction to 50 degrees. The motor examination of the upper extremities did not reveal motor deficit, weakness at the thumb was observed. According to the documentation provided for review, the injured worker has previously undergone physical therapy, the results of which were not provided within the documentation available for review. In addition, the clinical information noted that the injured worker underwent psychotherapy, the results of which were not provided within the documentation available for review. The injured worker's diagnoses include post-op left carpometacarpal joint arthroplasty, history of left arthritis and De Quervain's tenosynovitis, chronic left thumb pain, and major depression. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for six (6) additional sessions of physical therapy to the left thumb and six (6) additional sessions of "psyche" was submitted on 02/26/2014. The rationale for the request for sessions of physical therapy and psychological therapy were related to the post-op left carpometacarpal joint arthroplasty, chronic left thumb pain, and major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL SESSIONS OF PHYSICAL THERAPY TO THE LEFT THUMB:
Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Chronic Pain Guidelines recommend 8 to 10 visits over a 4 week period. According to the clinical information provided the injured worker has attended physical therapy previously. The therapeutic results of the previous physical therapy are not provided within the documentation available for review. According to the clinical notes dated 09/30/2013 and 02/05/2014, the physician on each of those dates was ordering 6 more physical therapy visits. Therefore, the request for an additional 6 physical therapy visits would exceed the MTUS Chronic Pain Guidelines' recommendations. As such, the request is not medically necessary and appropriate.

SIX (6) ADDITIONAL SESSIONS OF PSYCHE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The MTUS Chronic Pain Guidelines state that psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs, and coping skills, assessing psychological and cognitive function, and addressing comorbid mood disorders. The injured workers' whose pain is persistent in spite of continued therapy, intensive care may be required by mental health professions allowing for multidisciplinary treatment approach. According to the clinical documentation provided for review, the injured worker has previously attended psychological therapy, the results of which were not provided within the documentation available for review. The clinical notes dated 09/30/2013 and 02/05/2014 both indicated the physician ordered 6 more psych treatments. There is a lack of documentation related to the benefit of the psychological treatments the injured worker has previously attended. The diagnosis of 09/30/2013 and the

diagnosis of 02/05/2014 both revealed the injured worker is severely depressed. There is a lack of documentation related to setting goals, determining appropriateness of treatment, conceptualizing the injured worker's pain beliefs and coping styles, and assessing the psychological and cognitive function. As such, the request is not medically necessary and appropriate.