MAXIMUS Federal Services

Case Number:	CM14-0030598		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2013
Decision Date:	08/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 60-year-old female who reported an injury on 09/11/2013. The mechanism of injury was not provided for clinical review. The diagnoses included bilateral trapezius strain and trigger finger in the left hand. Previous treatments included medication and 24 sessions of physical therapy. Within the clinical note dated 02/24/2014, the injured worker complained of bilateral trapezius strain and trigger finger on the left hand. On the physical examination, the provider noted the left middle finger sticks. Trapezii are tender and tight. The provider requested physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy nine sessions three times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for Physical therapy nine sessions three times a week for three weeks is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring

flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus self-directed home physical medicine. The guidelines note, for neuralgia or myalgia, 8 visits to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the efficacy of the 24 sessions the injured worker had previously undergone. There is a lack of significant objective findings demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. The request submitted does not specify a treatment site. Additionally, the request for 9 additional sessions exceeds the guidelines' recommendations of 8 visits to 10 visits. Therefore, the request is not medically necessary.