

Case Number:	CM14-0031148		
Date Assigned:	04/09/2014	Date of Injury:	06/05/2012
Decision Date:	05/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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, has a subspecialty in Interventional Spine, 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:

This patient is a 47-year-old female with a date of injury of 06/05/2012. The listed diagnoses per the provider are: thoracic sprain with associated brachial neuritis, thoracic sprain, lumbosacral pain with associated sciatic neuralgia, right 3rd trigger finger. According to report dated 12/20/2013 by the provider, the patient presents with continued lumbar spine, hip, neck, right shoulder, right hand, and right leg pain. She states she has had steady improvement with acupuncture. The patient describes constant moderate pain with numbness in her neck, right shoulder, right hand, and right leg. She manages her pain with exercise and rest. The treating provider recommends injections for the lumbar spine and left hip. Psych evaluation for patient's depression and physical therapy for the hand at 3 times a week for 4 weeks for the 3rd trigger finger on the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY/HAND THERAPY RIGHT 3RD FINGER: 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 Section Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, PAGE 98, 99

Decision rationale: This patient presents with continued lumbar spine, hip, neck, right shoulder, right hand, and right leg pain. The treating provider states the patient has right 3rd trigger finger and is requesting 12 hand therapy sessions. A review of the medical file does not indicate that the patient has not had any recent hand therapy for the right 3rd trigger finger issue. For physical medicine the MTUS guidelines recommends for myalgia and myositis type symptoms 9 to 10 visits over 8 weeks, and 8-10 sessions for neuritis type of symptoms. The MTUS does not provide specific recommendations regarding tendon issues, but it can be considered to be similar to muscle issues. Given that the patient has not had any physical therapy for the hand in the recent past, a course of 9 to 10 sessions may be warranted. However, the treating provider is requesting 12 sessions which exceeds what is recommended by MTUS Guidelines. The recommendation is for denial.