

Case Number:	CM14-0033271		
Date Assigned:	06/20/2014	Date of Injury:	03/04/2013
Decision Date:	07/22/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral hand pain reportedly associated with an industrial injury of March 4, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties and unspecified amounts of physical therapy over the course of the claim. In utilization review report dated February 17, 2014, the claims administrator denied a request for eight sessions of physical therapy. The claims administrator cited both MTUS and non-MTUS Guidelines in its denial, but did not, however, incorporate either set of guidelines into its rationale. The claims administrator apparently based its denial on the fact that the attending provider did not furnish a specific operating diagnosis. In a January 16, 2014 progress note, the applicant reported persistent 5/10 hand and wrist pain. The applicant had superimposed issues with depression, anxiety, and irritability. The applicant was using Naprosyn and Protonix, it was stated. Diminished grip strength was noted about the left hand versus the right. The applicant was placed off of work, on total temporary disability. It was stated that the applicant was a candidate for a functional restoration program. The applicant was again placed off of work, on total temporary disability, via an early progress note dated December 19, 2013. It was stated that the applicant should obtain an additional eight sessions of physical therapy at that point. In an orthopedic consultation dated September 3, 2013, it was stated that the applicant had quit her former employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy (2x4) for the bilateral hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand: Physical/Occupational therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 99, Physical Medicine topic.2. MTUS 9792.20f Page(s): 99.

Decision rationale: While page 99 of the California MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and/or myositis of various body parts, the issue seemingly present here, this recommendation is qualified by comments made on page 8 of the California MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of the functional improvement is needed at various milestones in treatment programs so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant had earlier unspecified amounts of physical therapy over the course of the treatment. It is not clearly stated why additional treatment is being sought. The fact that the applicant is off of work, on total temporary disability, and remains reliant on medications such as Naprosyn, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy. Therefore, the request for eight sessions of physical therapy is not medically necessary.