

Case Number:	CM14-0045160		
Date Assigned:	07/02/2014	Date of Injury:	02/28/2008
Decision Date:	09/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 64-year-old female with a reported date of injury on 02/28/2008. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical disc syndrome, left index trigger finger release, status post bilateral wrist carpal tunnel release, lumbar disc syndrome, abdominal pain, and insomnia. Her previous treatments were noted to include medications and surgery. The progress note dated 04/07/2014 revealed complaints of neck pain rated 4/10, left hand pain rated 8/10, and low back pain rated 7/10. The injured worker reported clicking and freezing of the bilateral hands. The injured worker complained of radiculopathy along the bilateral lower extremities and reported performing a home exercise program. The injured worker was taking tramadol and topical creams to alleviate pain. The cervical spine range of motion was noted to be diminished and was limited by pain in all directions. The foraminal compression test was positive bilaterally as well as the shoulder depression test. The physical examination of the wrist was noted to be diminished and limited by pain in all directions. There was spasm upon dorsiflexion on the left. The Phalen's and Tinel's signs were positive. The Request for Authorization form was not submitted within the medical records. The request was for physical therapy to the left hand 3 times a week for 4 weeks and a urine toxicology screening; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT HAND THREE TIMES A WEEK FOR FOUR WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker has had previous surgery on her bilateral hands. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. The patient specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex regional pain syndrome. The use of active treatment modalities (exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding previous physical therapy sessions with quantifiable objective functional improvements. The documentation provided indicated current measurable functional deficits; however, there was a lack of documentation regarding the number of previous physical therapy sessions completed. Additionally, the request for 12 sessions of physical therapy exceeds Guideline recommendations. Therefore, the request is not medically necessary.

URINE TOXICOLOGY SCREENING: 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 Drug testing-Opioids, steps to avoid misuse/abuse Page(s): 94.

Decision rationale: The injured worker has had a previous urine toxicology screening in 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or presence of illegal drugs. The Guidelines state for those at high risk of abuse to utilize frequent random urine toxicology screens. There is a lack of documentation regarding the injured worker is at high risk for abuse and the documentation provided did not indicate whether the injured worker had consistent urine drug screens. Therefore, due to the lack of documentation regarding the injured worker being at high risk for abuse, the need for a repeat urine toxicology screen is not appropriate at this time. Therefore, the request is not medically necessary.