

Case Number:	CM14-0048653		
Date Assigned:	06/25/2014	Date of Injury:	10/17/2006
Decision Date:	07/25/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 53 year old female who sustained injuries to her left hand, neck, and low back on 10/17/06. The mechanism of injury was not documented. The physical examination of the left hand revealed well healed incision over the wrist, negative Tinel, range of motion in the digits were slightly limited, good capillary refill, positive Tinel at the cubital tunnel, flexion/extension slightly limited but secondary to pain in the elbow, and numbness in the ulnar nerve distribution of the hand. The physical examination of the cervical spine noted a well healed incision, no signs of infection, diffuse paraspinous muscle tightness and tenderness, and range of motion limited in all directions. The physical examination of the lumbar sprain noted diffuse paraspinous muscle tightness and tenderness, positive straight leg raise on the right at 30 degrees, numbness on the plantar aspect of the foot, and no weakness detected. The injured worker can work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for 12 hand therapy sessions for the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The prospective request for 12 hand therapy sessions for the left hand is not medically necessary. The previous request was partially modified to four initial physical therapy visits. The remaining eight visits may be recommended if documentation of functional improvement is provided, an additional request for the remaining eight visits may be warranted. After reviewing the clinical documentation provided, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for 12 hand therapy sessions for the left hand is not indicated as medically necessary.

The prospective request for 12 physical therapy sessions for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

Decision rationale: The prospective request for 12 PT sessions for cervical spine is not medically necessary. A previous request was denied on the basis that the injured worker had already completed 12 PT visits for the cervical spine with minimal functional improvement or decrease in pain. Considering the injured worker's subjective and objective findings, the lack of evidence demonstrating functional improvement from the completed PT visits and evidence based guidelines recommendation, additional PT visits for the cervical spine is not indicated as medically necessary.

Prospective request for 12 physical therapy sessions for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical/ Occupational therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) / Physical Therapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: The prospective request for 12 PT sessions for lumbar spine is not medically necessary. A previous request was partially certified for 10 PT visits for the lumbar spine in concurrence with guideline recommendations. After reviewing the clinical documentation provided, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the prospective request for 12 PT sessions for lumbar spine is not indicated as medically necessary.

