

Case Number:	CM14-0195140		
Date Assigned:	12/02/2014	Date of Injury:	04/01/2013
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/21/2014

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:

The patient is a 53 year old female with an injury date on 4/1/13. The patient complains of intermittent moderate pain in the right middle finger, radiating to the right hand/wrist with associated stiffness/numbness/tingling with pain rated 9-9.5/10 per 10/17/14 report. The patient received a trigger point injection on 3/17/14 with improved symptoms in the middle finger, but still has intermittent swelling/stiffness per 6/10/14 report. The patient still has some weakness in her hand and has pain with attempted forceful gripping/grasping, but denies specific snapping per 6/10/14 report. As there was no diagnosis on the 10/17/14 progress report provided by the treating physician, the 6/10/14 report was consulted, which gave the diagnosis of: chronic stenosing tenosynovitis right middle finger (trigger finger). A physical exam on 6/10/14 showed "right hand middle finger has minimal diffuse soft tissue swelling around proximal phalanx. Range of motion is now almost completely full." The patient's treatment history includes medications, physical therapy, paraffin wax baths, and cortisone injection (March 2014, with 75% relief of pain). The treating physician is requesting physical therapy for occupational therapy 2 times a week for 4 weeks. The utilization review determination being challenged is dated 10/29/14. The requesting physician provided treatment reports from 2/5/14 to 10/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy and Occupational Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with right middle finger pain, right hand/wrist pain. The treater has asked for Physical Therapy and Occupational Therapy 2 times a week for 4 weeks but the requesting progress report is not included in the provided documentation. The patient had 6 prior sessions of physical therapy per utilization review letter dated 10/29/14. The 10/17/14 report also mentions prior physical therapy with paraffin baths but does not mention if it was beneficial. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has continued right middle finger pain radiating into the right hand/wrist, but has regained full range of motion of the middle finger. The patient had 6 sessions of prior physical therapy without documentation of benefit. A short course of additional physical therapy would be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 8 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to prior therapy treatments. Furthermore, the requested 8 sessions combined with recently received 6 sessions exceed what is allowed by MTUS for this type of condition. The request is not medically necessary.