

Case Number:	CM14-0206636		
Date Assigned:	12/18/2014	Date of Injury:	05/16/2006
Decision Date:	02/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old male with a date of injury on 05/16/2006. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 05/02/2014 indicated the diagnoses of cervical radiculopathy, shoulder pain, and depression. Subjective findings from 10/20/2014 indicated complaints of pain to the right hand that is rated a nine out of ten without medication and a six out of ten with medication. Physical examination from the same date was remarkable for mild pain, slowed gait, tenderness on palpation to the distal third digit and palmar aspect of the metacarpophalangeal (MCP) area of the third digit. Range of motion to the right wrist was revealing for 60/60 degrees for forward flexion, 50/60 degrees for extension, 30/20 degrees for radial deviation, and 25/30 degrees for ulnar deviation. Left wrist range of motion was remarkable for 65/60 degrees forward flexion, 55/ 60 degrees for extension, 30/20 degrees for radial deviation, and 35/30 degrees for ulnar deviation. The treating physician also noted bilateral hand range of motion to be full with the injured worker to be able to make fists with both hands, along with negative orthopedic tests bilaterally. Electrodiagnostic study performed on 07/21/2014 was noted to be abnormal with evidence of probable chronic right cervical six radiculopathy and mild right median sensory motor neuropathy at the wrist affecting primarily myelin. Physician documentation from 10/20/2014 noted magnetic resonance imaging of the cervical spine performed on 02/07/2011 that was remarkable for minimal degenerative changes without central canal or foraminal stenosis or focal disc herniations and magnetic resonance imaging of the shoulder performed on 11/13/2009 was remarkable for near full thickness parial insertional tear

of the rotator cuff and abnormal signal at the base of the superior labrum with glenoid cyst and small soft tissue cyst. Prior treatments offered to the injured worker included use of a right wrist and arm sling, physical therapy, epidural steroid injections, and a medication history of Fexeril, Docusate Sodium, Opana ER, Lyrica, Hydrocortisone-Acetaminophen, Alprazolam, and Lamotrigine. While documentation indicated that physical therapy treatments were provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits, along with lack of documentation of specific details with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 10/20/2014 noted a work status of permanent and stationary. On 11/06/2014, Utilization Review non-certified the prescription of six sessions of physical therapy to the right hand. The physical therapy was noncertified based on California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99, with the Utilization Review noting that the treatment is over eight years old with the expectations of the injured worker to be transitioned to an independent home rehabilitative program along with lack of documentation noting the rationale for supervised therapy and no specific treatment or treatment goals noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions right hand evaluate and treat: Upheld

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

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

Decision rationale: The patient presents with right wrist and middle finger pain rated 08/10 with medication and 10/10 without medication, per report dated 11/17/14. The request is for PHYSICAL THERAPY 6 SESSIONS FOR RIGHT HAND EVALUATE AND TREAT. The patient is status-post right hand surgery 01/01/07. EMG examination undertaken on 07/21/14 showed evidence of Mild Right Median Sensory-Motor Neuropathy at the wrist affecting primarily myelin, although the Combined Sensory index study for median neuropathy was greater than 0.9 indicating low likelihood of median neuropathy at the wrist. Urine drug-screen 11/17/14 was positive for Hydrocodone, Norhydrocodone, Hydromorphone, Oxycodone, and Alpha-Hydroxyalprazolam. Lyrica was prescribed for right wrist and hand pain, and patient stated in progress report dated 11/17/14 that "medication relieves numbness and tingling." Patient is permanent and stationary, per supplemental report dated 06/01/2012. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Patient is not within post operative time period, as right hand surgery was on 01/01/07. A short course of physical therapy would be indicated by guidelines given patient's symptoms. However, treater has not provided reason for the request, there is no documentation

of treatment history, no discussion why patient requires supervised therapy, and why patient cannot transition into home exercise program. Therefore, the request IS NOT medically necessary.