

Case Number:	CM15-0104979		
Date Assigned:	06/09/2015	Date of Injury:	03/24/2015
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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: Family Practice

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 55 year old right handed female with an industrial injury dated 3/24/15 with subjective complaints of left thumb pain associated with lifting a heavy roll of fabric estimated at 50 pounds at the base of the left thumb. Diagnoses are thumb pain, myofasciitis, hand pain and rule out fracture. In a progress note dated 4/20/15, her treating physician reports the radiograph was negative and that the exam is consistent with soft tissue, myofasciitis. In the same note, objective findings include, motor 5/5, left grip was 4/5 secondary to pain, positive tender to palpation and 1+ myospasm with twitch on the left wrist, + bracelet on the left and tender to palpation at the base of the thumb. Treatments have been Naprosyn, Norco, ice, elevation and 12 physical therapy visits. Work status was to return to modified work on 4/20/15 with no lifting over 10 pounds and no grip or grasp on the left. The requested treatment is 12 additional outpatient physical therapy visits to the left thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Additional Physical Therapy x 12 to Left Thumb: 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: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended; however, there are specific recommendations on the frequency and goals of this form of treatment. The MTUS physical therapy guidelines are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case the records indicate that the patient has already received approximately 12 sessions of physical therapy. The diagnoses listed in the record include: Thumb Pain and Myofasciitis. Under these conditions, the number of sessions requested exceeds the above cited MTUS guidelines. Further, given that the patient has received approximately 12 sessions of physical therapy, it would be expected that she was given instruction on a self-directed home exercise program. There is no documentation in the record to justify extending physical therapy beyond 10 sessions and no documentation to indicate why the patient is unable to engage in a home exercise program. For these reasons, 12 additional physical therapy sessions to the left thumb is not medically necessary.