

Case Number:	CM15-0160367		
Date Assigned:	08/26/2015	Date of Injury:	08/29/2014
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 an industrial injury on 8-29-14. Diagnoses are needle penetration injury, left long finger, osteoarthritis-distal interphalangeal joints, right index finger, long finger, small finger, cervical spine myoligamentous sprain-strain, cervical spine degenerative disc disease, and lumbar spine myoligamentous sprain-strain. In an interim report and request for authorization dated 6-15-15, the primary treating physician notes persistent neck, low back and right hand pain, stress and anxiety. She also complains of stomach discomfort which she feels is related to pain medication use. There is tenderness to the upper trapezius region, flexion and extension of the cervical spine caused increased neck pain, and thoracic spine range of motion causes no pain. Lumbar spine range of motion causes increased low back pain. Tinels' sign, Phalen's sign, carpal tunnel compression test and Finkelstein's test are all negative. There is pain with range of motion of the distal interphalangeal joints of the index and long fingers. Xrays of the right hand done 3-16-15 reveal degenerative joint disease of the distal interphalangeal joint of the right index finger, long finger, and small finger. Work status on 7-13-15 is noted as temporary total disability as no modified or light duty work is available. The treatment plan is physical; therapy 3 times a week for four weeks for the cervical spine, lumbar spine and right hand and an internist and psychiatric evaluation for complaints related to stomach discomfort and stress-anxiety. The requested treatment is physical therapy for the right hand 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right hand 3x a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear if there is completion of prior PT sessions. There is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. As such, the currently requested additional physical therapy is not medically necessary.