MAXIMUS Federal Services

Case Number:	CM15-0193195		
Date Assigned:	10/07/2015	Date of Injury:	12/27/2003
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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: Washington, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female who sustained an industrial injury dated 12-27-03. Diagnoses has included cervical herniated disc disease, cervical facet syndrome, low back pain with radiculopathy, frozen left shoulder and tenosynovitis of the digits. Treatment has included physical therapy, acupuncture, epidural steroid injection, surgery (disc replacement C5-6, Jan 2013) and medications. In a visit note dated 8-14-15, the physician reported the injured worker complained of swelling in the right hand and fingers for 3 weeks and that it comes and goes. When present, she cannot bend her 3rd and 4th fingers and cannot lift anything. It was noted that when she was first injured in 2003, she did report having pain in the right hand and this was treated with medications but that the focus was more on the shoulder. She had similar locking back then but over time it resolved after a couple of years. Since then it flares up every once in a while and lasts about 3-4 weeks. Exam of the right hand revealed triggering of the middle finger, pain to palpation at the base of the 3rd and 4th fingers, and handgrip was 4/5 on the right. Authorization was requested for 12 sessions of physical therapy (2x6). In a visit note documenting a utilization review phone call, dated 9-17-15, the treating physician documents the physical therapy request was for hand therapy. The requested treatment noted by utilization review was physical therapy 2 times a week for 6 weeks (quantity 12) for the cervical spine and back, which was modified on 9-17-15 to physical therapy/occupational therapy up to 9 visits for treatment of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for 6 weeks for treatment of the cervical spine and back Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odg-twc.com Forearm, Wrist, and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. However, the situation for the request in question had been confused by the patient's other ongoing injury problems. As noted in the history given, this miscommunication had been resolved on 9-17-2015 and the request was appropriately modified to address the hand injury as opposed to the chronic neck and back injuries. Further physical therapy for the neck and back were not requested as part of the contested request. Medical necessity for physical therapy of the neck and back as per the provider note dated 8-14-2015 has not been established.