

Case Number:	CM15-0195614		
Date Assigned:	10/09/2015	Date of Injury:	11/20/2013
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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

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 44 year old female who sustained an industrial injury on 11-20-13. A review of the medical records indicates she is undergoing treatment for right shoulder sprain and strain with impingement syndrome, right hand contusion, right 5th finger snapping, and bilateral wrist sprain and strain. Medical records (3-17-15 to 8-11-15) indicate ongoing complaints of right shoulder pain, rating "3 out of 10", right wrist pain, rating "4 out of 10", right hand pain, rating "8 out of 10" and right "LF" pain, rating "3 out of 10". She describes her shoulder pain as "dull" with "popping and clicking". Her wrist pain is intermittent, dull, and "achy in the volar aspect". The right hand pain is associated with numbness and tingling. The physical exam (8-5-15) reveals an impression of "status post trauma to the right hand with over-firing of the fibers of the extensor digiti minimi muscle with constant extension of the right fifth digit". Diagnostic studies have included an MRI of the right hand and an EMG-NCV study. Treatment has included activity modification. Recommendations are for a Botox injection and physical therapy. The records (3-17-15) indicate that the injured worker has undergone "14 physical therapy sessions, 6 acupuncture sessions, and cortisone and trigger point injections" for the right shoulder. The utilization review (9-18-15) includes a request for authorization for physical therapy twice a week for three weeks for the right hand with biofeedback. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks for the right hand with biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback, Low-Level Laser Therapy (LLLT), Manual therapy & manipulation, Physical Medicine, Ultrasound, therapeutic, Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back - Traction (mechanical); Forearm, Wrist, & Hand - Paraffin wax baths; Iontophoresis.

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

Decision rationale: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADLs, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The physical therapy 2 times a week for 3 weeks for the right hand with biofeedback is not medically necessary and appropriate.