

Case Number:	CM15-0055435		
Date Assigned:	03/30/2015	Date of Injury:	07/27/2014
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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: Indiana

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 61 year old male, who sustained an industrial injury on July 27, 2014. He reported pain in the left hip, low back and shoulder and left hand and little finger pain. The injured worker was diagnosed as having cervical sprain superimposed upon degenerative disc disease with possible left upper extremity radiculitis, status post left shoulder strain, status post left small finger sprain and lumbar sprain. Treatment to date has included radiographic imaging, diagnostic studies, conservative treatments, medications and work restrictions. Currently, the injured worker complains of the left hip, low back and shoulder and left hand and little finger pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 3, 2015, revealed continued pain as noted. The plan included therapy to the left hand and small finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy to the left small finger three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 18 physical therapy sessions, which is consistent with MTUS and ODG guidelines for initial "trial" of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. Progress notes made no mention as to the progress of the patient's hands or his response to physical therapy as it pertains to his request. As such, the request for 12 physical therapy sessions is not medically necessary.