

Case Number:	CM15-0087971		
Date Assigned:	05/12/2015	Date of Injury:	12/03/2013
Decision Date:	06/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/07/2015

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: Internal 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 59 year old female, who sustained an industrial injury on 12/3/13. She reported right finger, right wrist and right upper arm injury. The injured worker was diagnosed as having status post sprain/strain of right finger, right wrist and right upper arm and complex regional pain of right upper extremity. Treatment to date has included ganglion blocks, topical medications and activity restrictions. Currently, the injured worker complains of sensitivity and tenderness over the antecubital fossa of right arm and light touch feels more sensitive with pain than deeper touch. Hypersensitivity is less than previous visit, however light brushing touch is more sensitive than deep palpation. The treatment plan included physical therapy, lidocaine cream, work restrictions and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x8 sessions to the right hand/wrist: 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 Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The medical records document a history of sprain and strain of the right finger and right wrist and right upper arm from a fall on 12/03/2013. Complex regional pain right upper extremity is documented in the medical records. Treatments to date include physical therapy (PT) 18 sessions to date. The patient began a six visit course of physical therapy on 03/18/2015. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The primary treating physician's progress reports dated 5/5/15 did not document functional improvement with past physical therapy. Eight additional visits of physical therapy were requested. Because functional improvement with past physical therapy visits was not documented, the request for 8 additional visits of physical therapy is not supported by MTUS guidelines. Therefore, the request for physical therapy is not medically necessary.