

Case Number:	CM14-0144610		
Date Assigned:	09/12/2014	Date of Injury:	10/24/2009
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 10/24/2014 due to an unspecified mechanism of injury. On 03/24/2014 she reported pain and swelling, and stated that she had very little movement and limited range of motion. A physical examination showed full range of motion to the bilateral shoulders and elbows. The right wrist and hand showed tenderness over the little finger, present at the MCP joint, dorsal surface, and moderate swelling, with moderately limited range of motion. Examination of the left wrist and hand was noted to be normal. Range of motion of the right little finger was documented as DIP flexion to 90, PIP flexion to 90, and MP flexion to 40, with 0 extension in all 3. Range of motion of the left little finger (was?) revealed to be the same as the right. She was diagnosed with right trigger finger. Her medications were listed as citalopram hydrobromide, lorazepam, Percocet, and tramadol HCL. Information regarding her surgical history and diagnostic studies was not provided for review. Past treatments included medications and physical therapy for an unspecified number of sessions. The treatment plan was for additional occupational therapy 1 time a week for 6 weeks for the right small finger and right elbow. A request for authorization was not provided for review. The rationale for the request was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 1Xweek X 6weeks Right Small Finger, Right Elbow #6:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98,99. Decision based on Non-MTUS Citation Official Disability Guidelines ,physical therapy Guidelines Official Disability Guidelines, Forearm, Wrist and hand

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

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended for myalgia and myositis unspecified for 9 to 10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis unspecified, 8 to 10 visits over 4 weeks are recommended. Treatment frequency should be faded, plus an active self-directed home physical medicine program should be implemented. Based on the clinical information submitted for review, the injured worker was noted to be attending physical therapy sessions to address her pain and deficits of the right small finger and right elbow. However, there was a lack of documentation showing evidence of efficacy with the physical therapy sessions she had attended. There was also no mention of how many sessions she attended and, therefore, the request for additional sessions would not be supported. Furthermore, there was no recent documentation submitted regarding the injured worker's condition to show evidence that she had remaining significant functional deficits that would indicate the need for physical therapy treatment. In the absence of this information, the request would not be supported. As such, the request is not medically necessary.