

Case Number:	CM14-0157739		
Date Assigned:	10/01/2014	Date of Injury:	05/16/2002
Decision Date:	03/27/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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 60 year old male, who sustained an industrial injury on May 16, 2012. He has reported cumulative injuries to the bilateral hands and cervical spine. The diagnoses have included status post posterior cervical foraminotomy, status post revision anterior/posterior cervical discectomy and fusion C2-C6, status post cervical tumor resection, cervicogenic headaches, tinnitus, postoperative dysphagia, intention tremor right hand, bilateral long finger trigger, bilateral small finger trigger resolved and left thumb CMC joint osteoarthritis. Treatment to date has included surgery, steroid injections to the fingers, splint and medication. Currently, the injured worker complains of intermittent pain in the left thumb, bilateral long finger pain and occasional tingling in the left hand. He reported pain with grasping. He also complains of constant severe pain in his neck associated with headaches and a pressure sensation. There is burning pain between his shoulder blades. He experiences trembling in both hands, ringing in both ears and difficulty with swallowing. On September 11, 2014 Utilization Review non-certified twelve sessions of physical therapy for the right hand/wrist, noting the ACOEM Guidelines. On September 25, 2014, the injured worker submitted an application for Independent Medical Review for review of twelve sessions of physical therapy for the right hand/wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions for the right hand/wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy, 12 sessions for the right hand/wrist is not medically necessary and appropriate.