

Case Number:	CM14-0215212		
Date Assigned:	01/02/2015	Date of Injury:	01/07/2014
Decision Date:	02/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 60 year old employee with date of injury of 1/17/14. Medical records indicate the patient is undergoing treatment for trigger finger, right middle; carpal tunnel bilateral wrists; DeQuervain's tendinitis left thumb; cervical strain; subacromial bursitis left shoulder; lumbar strain. Subjective complaints include pain in the bilateral hands, thumbs and long fingers. Her greatest pain is in her fingers. She also complains of upper, lower back pain and shoulder pain. Occasionally the pain will radiate to the left foot. Objective findings include shiny, puffy fingers, greater on the left. On cervical exam: flexion, 35; extension, 30; lateral right and left rotation 35; lateral bending right, 25, left, 20. On the right: shoulder flexion, 140; abduction 115, external rotation 80, internal rotation 70; adduction 40; extension, 50. On the left: shoulder flexion 110; abduction 130; external rotation 70; internal rotation 90, adduction, 40 and extension 50. Treatment has consisted of physical therapy, Voltaren gel, Omeprazole and Celebrex. The utilization review determination was rendered on 12/8/14 recommending non-certification of physical therapy 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-94;287-315,Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): -page(s) 98-99. Decision based on Non-MTUS Citation Neck and Upper Back & low back, 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. Regarding physical therapy, ODG states, "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. In addition, the treating physician stated that the patient had already received physical therapy but did not detail how many sessions or the outcome of those sessions. In addition the patient should be familiar with a home exercise program. As such, the request for physical therapy 2x4 is not medically necessary.