

Case Number:	CM15-0112556		
Date Assigned:	06/19/2015	Date of Injury:	09/28/2011
Decision Date:	07/20/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/11/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 9/28/11. He reported right sided neck pain, occipital headaches, and right arm pain, tingling, and weakness. The injured worker was diagnosed as having bilateral upper trapezius myofascial pain secondary to positioning during surgery, moderate reactive depression with chronic pain syndrome, history of right brachial plexus injury, and left hand injury during surgery. Treatment to date has included anterior cervical discectomy and fusion at C5-6 and C6-7 for cervical spinal stenosis with partial paralysis of the right upper extremity, hand therapy, acupuncture, chiropractic treatment, TENS, and medication including Oxycontin. The injured worker noted significant reduction in left hand pain following 6 hand therapy visits. Physical examination findings on 5/7/15 included Tinel's testing of the left ulnar nerve cause first through fifth digit numbness. Currently, the injured worker complains of burning in the thenar eminence with tingling in the first through third digits. The treating physician requested authorization for 6 sessions of occupational therapy for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of occupational therapy for the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear what the patient's diagnosis is in regard to the hand, and there is no recent documentation of a thorough physical examination in an attempt to identify a differential diagnosis for the current hand complaints. This makes it impossible to determine how many therapy sessions would be supported by guidelines. In light of the above issues, the currently requested additional physical therapy is not medically necessary.