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| Case Number: | CM15-0171008 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 12/24/2013 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/25/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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, Indiana, New York
 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 50 year old female, who sustained an industrial injury on 12-24-13. The injured worker was diagnosed as having right shoulder sprain-strain, rule out lumbar sacral radiculopathy, anxiety and depression and over use syndrome with sprain strain to cervical spine and lumbar spine. Treatment to date has included right thumb surgery, oral pain medications, topical Menthoderm cream, physical therapy, home exercise program and activity modifications. Currently on 8-3-15, the injured worker complains of constant low back and neck pain rated 6-9 out of 10, right shoulder pain rated 7 out of 10 and right thumb pain status-post surgical intervention on 6-30-15; pain is decreased with medications; complaints are unchanged from previous visits. She also feels anxious and depressed. She is currently not working. Objective findings on 8-3-15 noted status-post right trigger thumb release. The treatment plan on 8-3-15 included refilling Menthoderm creams, continuation of home exercise program, and continuation of pain medications, prescriptions for Prilosec and Tramadol and physical therapy. On 8-25-15, utilization review non-certified physical visits noting medical reports have not established medical necessity for therapy and the hand surgeon has not prescribed such therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right hand Qty: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right hand #18 sessions is not medically necessary. 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 negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right thumb A1 pulley trigger release June 30, 2015; overuse syndrome with sprain strain to cervical and lumbar spine; right shoulder sprain strain; you rule out lumbosacral radiculopathy; anxiety and depression. Date of injury is December 24, 2013. Request for authorization is August 13, 2015. According to a July 7, 2015 progress note (one week post operative), the treatment plan states the injured workers continue the home exercise program. There is no formal request for outpatient physical therapy. According to an August 3, 2015 progress note, subjective complaints include status post surgery June 30, 2015. The orthopedic provider ordered 18 physical therapy sessions on behalf of the hand surgeon. The August 3, 2015 progress note is nonspecific and does not contain a specific clinical indication or rationale for the 18 physical therapy sessions. Additionally, a six visit clinical trial is indicated. With objective functional improvement, additional physical therapy may be clinically indicated. There is no documentation demonstrating objective functional improvement with the six visit clinical trial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, a request for 18 physical therapy sessions (guidelines recommend a six visit clinical trial), no specific request by the hand surgeon for physical therapy and no documentation of objective functional improvement with the six visit clinical trial, physical therapy right hand #18 sessions is not medically necessary.