

Case Number:	CM15-0173632		
Date Assigned:	09/15/2015	Date of Injury:	01/04/2000
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii

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 56 year old male, who sustained an industrial-work injury on 1-4-00. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discogenic disease, bilateral hand dysfunctional scarring disease, paresthesia, cervical and upper shoulder strain with myofascial pain, multilevel degenerative disc disease (DDD) , right cubital tunnel syndrome, status post-surgical release, bilateral carpal tunnel syndrome, status post-surgical release, and status post right middle finger trigger finger release. Treatment to date has included pain medication, diagnostics, multiple hand surgeries bilaterally, physical therapy (unknown amount), home exercise program (HEP), pain management and other modalities. Medical records dated 8-5-15 indicate that the injured worker has had multiple surgeries done on his hands leaving them scarred with poor range of motion. He has profound pain and stiffness in both hands with multiple surgeries done including ulnar transpositions and nerve releases of wrists and elbows. The physician indicates that he has essentially reached stable state with the situation. The physician also indicates that he has multiple nerve damage and nerve loss and essentially has nonfunctional hands. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 8-5-15 the injured worker has not returned to work and is totally disabled. The physical exam dated 8-5-15 reveals that the hands are extremely scarred and he has extremely poor range of motion. He has numbness throughout both hands in multiple dermatomes. He has had multiple surgeries on his hands up to six on both sides. He is not a surgical candidate for hand surgery at this time. He has poor sensation to both hands. It is difficult to determine the dermatomes because of the overall

neurological damage from the multiple surgeries. He also has decreased strength of motor control of bilateral hands. The original Utilization review dated 8-20-15 non-certified a request for Physical therapy sessions 2 times a week for 6 weeks for bilateral wrists and hands with paraffin bath quantity of 12.00 as he has had extensive therapy in the past with no documentation of functional deterioration or acute injury to support re-implementation of physical therapy, therefore the medical necessity has not been established per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions 2 x 6 Qty: 12.00: 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 rationale: The patient presents with worsening neck pain and poor range of motion in both hands with numbness throughout both hands. The current request is for 12 physical therapy sessions. The UR dated 8/19/15 states the patient is post extensive physical therapy but does not indicate the total number of sessions completed to date. The treating physician states in the treating report dated 8/5/15 (11B) "I have no specific recommendations for his hands other than physical therapy. He has not had physical therapy for well over two to three years and physical therapy for his hands to get better range of motion for bilateral hands could be extremely beneficial for him." MTUS Guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical history provided does not specifically address the number of completed physical therapy sessions historically, therefore the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. Also, the clinical records reviewed do not provide documentation of what functional improvement was made with previous sessions of PT or documentation as to why a fully independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. Finally, the current request for 12 sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.