

Case Number:	CM13-0003759		
Date Assigned:	12/18/2013	Date of Injury:	06/13/2011
Decision Date:	05/08/2014	UR Denial Date:	06/28/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of June 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a finger amputation surgery; a glove; subsequent hand surgery revision; and usage of a prosthetic digit. In a Utilization Review Report of June 28, 2013, the claims administrator denied a request for 12 sessions of functional training and work hardening, noting that the applicant had had 24 sessions of physical therapy to date. It was stated that the applicant did not have evidence of psychological comorbidities which would rise to level where work hardening was needed or indicated. The applicant's attorney subsequently appealed. A December 20, 2013 occupational therapy note is notable for comments that the applicant has returned to work. The applicant has issues with neuroma. The applicant is using a glove. The applicant's hand continues to be significantly impaired in terms of all tasks. Grip strength ranges from 41 to 60 pounds about the injured left hand versus 92 to 105 pounds about the uninjured right hand. In a December 17, 2013 progress note, the applicant is described as having severe left hand pain secondary to chronic regional pain syndrome following left first finger amputation. Nucynta, Percocet, Gralise, and Zofran were endorsed. The applicant is asked to continue working as tolerated. In a progress note of September 13, 2013, the applicant is described as having ongoing issues with pain. The applicant is working. Various gloves, pads, and prosthetics have not been altogether successful. Functional training with occupational therapy is endorsed. While it is not clearly stated how much prior therapy the applicant had had over the life of the claim, it was stated that the applicant had had 12 sessions of occupational therapy through August 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Occupational Therapy For Functional Training/Work Hardening Two (2)
Times a week for 6 weeks for left hand: Overturned**

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Web Based Edition: http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html. Additionally, (ODG) Official Disability Guidelines, Treatment for Workers' Compensation (TWC), 2013, Web Bases Edition.

Decision rationale: In this case, the applicant seemingly carries a diagnosis of chronic regional pain syndrome of the injured hand superimposed on earlier thumb amputation. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 24 sessions of treatment for the diagnosis of CRPS, the issue seemingly present here. In this case, the applicant is seemingly intent on functional restoration. He has already returned to modified work as a farmer. He is able to compensate for the impaired thumb and impaired digit through usage of unimpaired digits. Nevertheless, significant residual physical impairment in terms of grip strength persists about the injured left hand. Additional outpatient therapy which incorporates elements of functional training is indicated, appropriate, and results in an overall course of treatment which is compatible with that endorsed on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified.