

Case Number:	CM13-0019896		
Date Assigned:	10/11/2013	Date of Injury:	08/16/2012
Decision Date:	02/03/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 physician 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.

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 patient is a 42-year-old who reported an injury on 08/16/2012, when he was trying to remove a glass pane and the glass shattered in fragments, and fell onto his forearm. He is noted on 08/16/2012 to have undergone a repair of a tendon laceration of the right extensor pollicis brevis, a simple repair of a thumb laceration; exploration of a forearm laceration extensor surface with primary repair of all 4 tendons of the extensor digitorum communis; primary repair of extensor carpi ulnaris; primary repair of the extensor carpi radialis brevis and longus; with intermediate closure. The patient is noted to have treated conservatively with extensive physical therapy and medications, and to continue to complain of hand pain. On 05/30/2013, the patient was seen by [REDACTED] for an orthopedic consult regarding his injuries. The patient complained of bilateral hand pain present with a numbing quality. He rated his pain on average 3/10. He reported the pain radiates to his bilateral arms and fingers, and noted his condition had improved 50% since the onset of his pain. The patient is noted to have treated with physical therapy and surgeries to alleviate some of the pain, and he is noted to have undergone diagnostic x-rays. On physical examination, the patient is noted to have decreased range of motion of the left wrist in all planes, negative Tinel's bilaterally, the thumbs were noted to have normal abduction, negative CMC grind test. The patient is noted to have normal range of motion of all fingers of the left hand. Sensation was intact. There was no instability or swelling present. He recommended continued occupational therapy for the patient. A urine toxicology test was performed on that date to help manage the patient's medication, and the request is made for a predisposition genetic drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

One predisposition genetics drug screen test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Genetic testing for potential opioid abuse

Decision rationale: The patient is a 42-year-old who reported an injury on 08/16/2012, when he was trying to remove a glass pane and the glass shattered onto his forearm. He is noted to have had extensive repairs of the tendons of the left forearm and hand. On that date, he is reported to continue to complain of ongoing pain and is noted to have treated with medications and physical therapy. On physical exam, he is noted to have radial range of motion of the left wrist at 10 degrees, otherwise normal range of motion. Sensation intact with no instability, no swelling or erythema present. He is noted to have ongoing complaints of bilateral wrist pain with radiation to his fingers and up his arms. He was seen for a followup orthopedic consult who recommended that the patient undergo a predisposition genetics drug screen test. The California MTUS Guidelines do not address the request. The Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended. There appears to be a strong genetic component to addictive behavior. Current research is experimental in terms of testing for this, and notes that studies are inconsistent with inadequate statistics and large phenotypes. The request for one predisposition genetics drug screen test is not medically necessary or appropriate.

Nine occupational therapy visits: Upheld

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

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

Decision rationale: The patient is a 42-year-old who reported an injury on 08/16/2012, when he was trying to remove a glass pane and the glass shattered onto his forearm. He is noted to have had extensive repairs of the tendons of the left forearm and hand. On that date, he is reported to continue to complain of ongoing pain and is noted to have treated with medications and physical therapy. On physical exam, he is noted to have radial range of motion of the left wrist at 10 degrees, otherwise normal range of motion. Sensation intact with no instability, no swelling or erythema present. He is noted to have ongoing complaints of bilateral wrist pain with radiation to his fingers and up his arms. He was referred for hand therapy. The Chronic Pain Medical Treatment Guidelines recommends up to 10 visits of therapy for treatment of neuralgia and neuritis, and myalgia/myositis. However, the patient is noted to have had extensive therapy in the past following surgical repair of tendon lacerations of the forearm and is expected to continue improvement utilizing a home exercise program. Given the patient has normal range of motion on physical exam except for minimal deficits in radial deviation at the left wrist, and there is no

documentation of weakness on manual muscle testing, the need for occupational therapy is not established. The request for nine occupational therapy visits are not medically necessary or appropriate.