

Case Number:	CM13-0021598		
Date Assigned:	11/27/2013	Date of Injury:	09/04/2012
Decision Date:	01/23/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/09/2013

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 Pain Management has a subspecialty in Disability Evaluation 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 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. 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:

This patients sustained an industrial injury on September 4 2012 with a right first dorsal compartment release [Tenosynovitis De Quervains] on April 8 2013. Possible CRPS and TFCC tear, followed by 30 post operative occupational therapy sessions, request for pain management consult denied June 6 2013, thus the appeal. A progress report completed on August 27, 2013 by [REDACTED] stated that the patient is 4.5 months status post right first dorsal compartment release. The patient's pain is slightly improved 3-4/10, but still has not had a pain management referral. She has been using a brace at time and reports that the therapy helps, but she has not had the last request approved. She reports air bruising over the hand causes her discomfort. She has less pain in the radial aspect but also has pain throughout the hand including the ulnar side. She is able to finally hold her purse and lift it and she has been working with therapy to do so. She reports no numbness and still has periods of swelling in the radial aspect of the wrist as well as hand. Physical examination showed a well healed wound, no edema, present sensation, intact first dorsal webs pace, scapholunate interval non tender, negative Lachman's test, negative Ulnar fovea sign, stable distal radioulnar joint in neutral position, full range of motion of all digits and thumb and thumb tip to DPC 0 cm. The patient's impression is status post right 1st dorsal compartment release and possible CRPS. The patient is recommended a pain management referral as well as another round of occupational therapy. Another option is work conditioning before reaching maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

consult with a pain specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92 and 127..

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 92,Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines Page(s): 77..

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines is mute on this topic. CA MTUS: According to ACOEM guidelines, page 92, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. CA MTUS: According to ACOEM guidelines, page 127, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. A referral may be for. (1) Consultation: to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. (2) Independent Medical Examination (IME): to provide medico legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. Furthermore, the medical records do not establish any red flags or significant deterioration of the patient's symptoms that would warrant a concern for a referral. In the absence of red flags, the patient should continue a course of conservative management prior to proceeding to other possible medical management." In the case at hand, the records show that the patient pain level has decreased. The records noted that the patient's pain is rated a 3-4/10, and the physical therapy seems to be helping the patient, therefore pain management specialist referral is not medically necessary.

post-op occupational therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM,Postsurgical Treatment Guidelines.

Decision rationale: CA-MTUS (Effective July 18, 2009), regarding occupational therapy page 18 of 127. During immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. Post-immobilization, there was weak evidence of a lack of clinically significant differences in outcome in patients receiving formal rehabilitation therapy, passive mobilization or whirlpool immersion compared with no intervention. There was weak evidence of a short term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short term hand function in patients given therapy than in those given instructions for home exercises by a surgeon. (Handoll-Cochrane, 2002) (Handoll-Cochrane,

2006). This patient is status post right first dorsal compartment release (de Quervain's) on April 5, 2013 followed by 30 post operative occupational therapy sessions to date. An occupational therapy chart note completed on August 26, 2013 showed that the patient is using her right hand 20-25% during activities of daily living. Used after surgery and amputation. Therefore the request for additional occupational therapy session is not medically necessary.