

<b>Case Number:</b>	CM13-0058676		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 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 55 year-old patient sustained an injury on 5/28/12 while employed by MSI, LLC. Request under consideration include Occupational Therapy 2x/wk x 4 weeks Left Wrist. Admission report of 8/26/13 noted patient with left hand pain and loss of motion of the MCP joint. Per report, she sustained a distal radius fracture in May 2012 and was s/p open reduction and internal fixation with splint applied. Post-operative, she developed complex regional pain syndrome with marked stiffness in the hand with main problem involving MCP joints, unable to flex at PIP joint. Past medical history included hypertension, genital herpes, HLD, diabetes, and thyroid disease with medications including HCTZ, acyclovir, simvastatin, and gabapentin. Exam showed well-healed scar on left wrist, some pain on palpation on volar aspect of wrist and 1st dorsal web space; 2nd to 5th MP joint with full extension, but limited flexion; digits 2 through 5 PIP joint flexion contracture about 20 degrees that is unable to extend; sensation intact; able to touch her thumb to index and middle, ring, and small fingers, but does have marked early swan neck deformities. Plan included surgery of left index, middle, ring, and small finger capsulotomy of MCP joint. There is an operative report dated 9/4/13 for mentioned planned surgery. There is an OT report dated 9/13/13 noting patient's diagnoses of Left MCP extension contracture release with 12 therapy treatments for pain with wrist and finger movement with satisfactorily able to don/doff splint, instructed on AROM. There is a hand-written therapy note dated 10/10/13 identifying patient states that she tries to use her left hand more for daily activities; passive modalities were provided along with re-education for AROM. OT report from 10/11/13 noted patient has made good progress in therapy and demonstrates gains in ROM, particularly MP flexion and increased functional and overall reduction in pain and swelling. Request above was non-certified on 11/14/13 citing lack of information and clarification.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Occupational Therapy 2x/wk 2 4 weeks Left Wrist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-op Therapy for Forearm, Wrist, & Hand Page(s): 18-19.

**Decision rationale:** This 55 year-old patient sustained an injury on 5/28/12 while employed by MSI, LLC. Request under consideration include Occupational Therapy 2x/wk x 4 weeks Left Wrist. Review indicated the patient sustained a distal radius fracture in May 2012 and was s/p open reduction and internal fixation with splint applied. Postoperative, she developed complex regional pain syndrome with marked flexion contracture involving MCP and PIP. Past medical history included hypertension, genital herpes, HLD, diabetes, and thyroid disease with medications including HCTZ, acyclovir, simvastatin, and gabapentin. There is an operative report dated 9/4/13 for left index, middle, ring, and small finger capsulotomy of MCP joint surgery. There is an OT report dated 9/13/13 noting patient's diagnoses of Left MCP extension contracture release with 12 therapy treatments for pain with wrist and finger movement with satisfactorily able to don/doff splint, instructed on AROM. OT report from 10/11/13 noted patient has made good progress in therapy and demonstrates gains in ROM, particularly MP flexion and increased functional and overall reduction in pain and swelling. Request above was non-certified on 11/14/13 citing guidelines criteria and lack of clarification. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports show clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show evidence of functional benefit and decreased pain complaints. There is evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-surgical treatment guidelines for post PIP and MCP capsulotomy/ capsulectomy allow for 24 visits over 2 months with postsurgical physical medicine treatment period of 4 months. It appears the patient has been certified for 12 therapy sessions within the recommended surgical guidelines for surgical procedure with demonstrated functional improvement with index MP range from 35 to 70, middle MP from 20 to 70, and ring finger from 10 to 65 degrees with decreased pain and increased function. Request above was non-certified on 11/14/13 citing lack of information and clarification; however, upon close review of submitted reports, medical necessity has been established in compliance within post-surgical guidelines of 24 visits for post-capsulotomy. The Occupational Therapy 2x/wk x 4 weeks Left Wrist is medically necessary and appropriate.