

Case Number:	CM13-0062157		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2013
Decision Date:	03/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation, has a subspecialty in Pain 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 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:

The patient is a 51 year old male who was injured on 03/28/2013 when a 12 foot ladder fell on the patient's right hand, wrist and crushed his fingers. Prior treatment history has included 12 sessions of occupational therapy. Diagnostic studies reviewed include X-rays of the hand performed on 03/28/2013 that were negative. MRI of fingers performed on 05/28/2013 revealed flexor tendinopathy of the third finger. A tiny longitudinal split tear was suspected anterior to the DIP joint. Hand therapy daily treatment notes dated 10/03/2013 documented the patient exhibited guarding and grimaces of pain out of proportion with injury and state of recovery. He demonstrated a questionable level of effort. Hand therapy daily treatment notes dated 10/07/2013 documented the patient had notable changes in ability to grasp today. Minimal complaints of pain during exam and he tolerated place-n-hold exam with no complaints of pain. Hand therapy daily treatment notes dated 10/18/2013 documented the patient was unable to tolerate strength testing despite 22 pound increase in grasp. He continued to have complaints of pain with all use. PR-2 dated 10/08/2013 documented the patient to report he had been doing his OT exercises at home. He thought his therapy was very helpful and his efforts per OT had not been impressive. Objective findings on exam included mild rigid flexion contracture; mild tenderness to palpation both at ulnar/radial side of PIP joint; testing was inconsistent; can oppose all fingers; improved strength with encouragement. The patient may have significant secondary gain issues. PR-2 dated 11/06/2013 documented objective findings on exam included PR hand: digits are no longer swollen, improved flexion today of the 3rd digit at both the PIP and DIP joints. Improved extension now at the PIP joint as well; can get to just about full extension; mild tenderness to palpation both at ulnar/radial side of PIP joint; showed good finger use when distracted. He continued to report pain and intermittent swelling with some activities. PR-2 dated 11/27/2013 documented the patient to have complaints of right hand, wrist and finger pain.

The patient felt that his therapy was helping. Objective findings on exam included right hand and wrist ROM to 75%; showing objective progress; Pain local to 2nd, 3rd and 4th digits. Grip loss improved to 30%. Pain levels now at +5-6 (0-10). Difficulty with holding and gripping persist but showing improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional hand therapy (OT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand

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

Decision rationale: The Physician Reviewer's decision rationale: Per the CA MTUS, Occupational Medicine (Physical Medicine) is beneficial for restoring flexibility, strength, function, range of motion and to alleviate discomfort when there is an internal effort by the individual to complete a specific task. It is documented in the records (on two different occasions and by two different healthcare professionals) that the patient was demonstrating questionable effort during his examinations and therapy sessions. The records provided do not show any measurable gains during the prior therapy sessions he was given. There was only documentation of range of motion and strength values at the 08/12/2013 initial evaluation and the 10/03/2013 evaluation which is when the therapist questioned his level of effort. Based on the lack of documented gains, the request is non-certified.