

Case Number:	CM13-0063969		
Date Assigned:	01/03/2014	Date of Injury:	04/06/2011
Decision Date:	04/25/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

This is a 41 year old male who injured the bilateral upper extremities in 2011. The clinical records provided for review included a recent 11/14/13 follow up orthopedic appointment with [REDACTED] noting chief complaints of left hand and left small finger pain. [REDACTED] noted that the injury occurred while performing his customary job duties reaching through a window to remove an object and his hand was trapped in the closing door. The claimant complained of significant loss of range of motion and the inability to perform a closed fist maneuver with difficulty gripping and grasping. Physical examination demonstrated restricted range of motion to the digits, particularly the small finger, with 45-95 degrees at the metacarpophalangeal joint and -10 to +10 degrees at the proximal interphalangeal joint, and 30-65 degrees at the distal interphalangeal joint. Radiographs demonstrated prior fusion of the proximal interphalangeal joint of the left small digit. While it is unclear when the claimant's surgery occurred, the office note documented that the claimant was also wearing a bone stimulator and [REDACTED] described "what appeared to be successful fusion." Strength was noted to be 5/5 about the upper extremities otherwise. Neurologic findings showed a positive Allen's Test but negative Phalen's, Tinel's, and sensory change. The claimant's working diagnosis was residual pain status post arthrodesis of the left proximal interphalangeal joint with diminished motion of the metacarpophalangeal and a "vascular compromise." The recommendations were for electrodiagnostic studies and twelve additional sessions of occupational therapy for the left hand. The records indicated that the claimant had a significant course of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 OCCUPATIONAL THERAPY VISITS FOR THE LEFT HAND/SMALL FINGER:

Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, continuation of physical therapy for 12 sessions cannot be recommended as medically necessary. The claimant underwent a fusion procedure and is documented to have undergone a significant course of post-operative physical therapy. Currently, it is documented that the claimant has continued stiffness which would be highly consistent with his surgical process. There is no documentation to support why the claimant would not be capable of continuing with an aggressive home exercise program. The records indicate the claimant has attended greater than thirty sessions of occupational therapy to date. The request is not medically necessary and appropriate.

EMG/NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist and Hand Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the claimant is noted to be status post fusion of the left small digit, there is currently no neurologic finding on examination that would necessitate the role of electrodiagnostic testing. The absence of physical examination findings demonstrating the above would fail to necessitate the specific request at this time. The request for an EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.