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| Case Number: | CM13-0066776 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/27/2012 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/17/2013 |

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 Internal Medicine and Pulmonary Diseases, 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 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 34-year-old male patient with date of injury of 09/27/2012. The mechanism of injury was that the patient injured his right hand and pinky finger after being struck by a cart which resulted in immediate swelling of the hand. The patient was then treated with medications and physical therapy. The patient reportedly underwent a right 5th digit surgery 3 months later and currently is complaining of sharp, burning right hand and 5th digit pain, muscle spasms rated 6/10 to 7/10, and weakness, numbness, and tingling of the hand and fingers. Physical examination of the right hand and finger reveals deformity on the 5th digit, +2 tenderness at the 5th digit at the MCP, PIP, and DIP, full range of motion in the right wrist, normal MCP at the 5th digit, decreased PIP and DIP range of motion in flexion and extension, a mallet deformity distally, and 4/5 right upper extremity strength. Range of motion of the right wrist are flexion right hand 60 degrees, extension 60 degrees, radial deviation 20 degrees, and ulnar deviation 30 degrees. Active range of motion for the right little finger MCP at 5th digit is within normal limits; PIP and DIP extension and flexion at 0 degrees of motion. There is a mallet deformity distally.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2 X 4 (RIGHT HAND, RIGHT FIFTH FINGER)
CONTINUED PHYSICAL THERAPY 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-TWC Forearm, Wrist and Hand Procedure Summary, updated 5/8/201.

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

Decision rationale: The CA MTUS Guidelines state "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The most commonly used active treatment modality is Therapeutic exercises (██████), but other active therapies may be recommended as well, including Neuromuscular reeducation (██████), Manual therapy (██████), and Therapeutic activities/exercises (██████)." The request for continued physical therapy 2 times a week for 4 weeks for the right hand and right 5th finger is non-certified. The clinical information submitted for review failed to provide duration and frequency from the prior physical therapy, as the California MTUS Guidelines recommend 9 visits over 8 weeks for sprains and strains of the wrist and hand. Also, there is no indication the patient has been instructed on a home exercise program and although there are residual symptoms and deficits, the request is non-certified.

ACUPUNCTURE SESSIONS 2 X 4 (RIGHT HAND, RIGHT FIFTH FINGER): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Forearm, Wrist, and Hand Complaints, pages 5-6. In the course of treatment for forearm, wrist, and hand complaints where acupuncture or acupuncture with electrical stimulation is being considered, the acupuncture medical treatment guidelines in section 9792.24.1 shall apply and supersede the text in the ACOEM chapter." The request for acupuncture sessions 2 times a week for 4 weeks for the right hand and right 5th finger is non-certified. Given that the patient still has residual symptoms and deficits, California MTUS Guidelines do not recommend acupuncture for the hand. Given that the documentation submitted for review is not supported by guidelines, the request is non-certified.