

Case Number:	CM13-0070850		
Date Assigned:	01/08/2014	Date of Injury:	11/04/2010
Decision Date:	06/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational 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 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:

The patient is an employee of [REDACTED] and has submitted a claim for closed fracture of the metacarpal bones associated with an industrial injury date of November 4, 2010. Treatment to date has included oral analgesics, three surgeries of right hand and wrist (07/16/2013, 03/22/2012, and 08/09/2011), and occupational therapy. Medical records from 2013 were reviewed and showed pain at the incision site of the right hand, numbness and tingling of the tips of all fingers of the right hand, and numbness and weakness of the entire right hand. Physical examination showed severe pain on passive ROM; minimal improvement with regards to the ROM of the right wrist; hypertrophy of the right dorsal hand/wrist/forearm scar; improving ROM of the right thumb, second and third fingers. The patient was diagnosed with s/p right reconstruction of the scapholunate, lunotriquetral joint, TFCC, and extensor tenosynovectomy 4th dorsal. Additional occupational therapy sessions for the right 5 fingers and right wrist as well as pain management specialist consult were requested due to the patient's very low pain threshold. The patient had completed 20 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 MONTHS OF OCCUPATIONAL THERAPY FOR THE RIGHT WRIST AND FINGERS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Post-Surgical Treatment Guidelines states that an initial course of therapy may be prescribed, and with documentation of functional improvement a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The guideline recommends 16 post-op physical/occupational therapy sessions over 10 weeks for fracture of carpal bone (wrist) and metacarpal bone (hand). In this case, the patient underwent right wrist / hand reconstruction on 07/16/2013 and completed 20 sessions of post-operative occupational therapy. However, overall improvement and functional benefits from the treatment were not discussed. Furthermore, the patient has exceeded the recommended number of visits of 16 therapy sessions. Additional occupational therapy at this time is not recommended. Moreover, the number of occupational therapy visits requested was not specified. Therefore, the request for 2 months of occupational therapy for the right wrist and fingers is not medically necessary.

A PAIN MANAGEMENT SPECIALIST CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2NDEDITION, (2004), CHAPTER 7, 127,156

Decision rationale: According to pages 127 & 156 of the CA MTUS ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, a consult with a pain specialist was recommended, however, the reason for the request was not discussed. The medical records did not discuss failure of pain control with previous treatment recommendations by the primary physician, which may warrant a referral to a pain specialist. The medical necessity has not been established. Therefore, the request for a pain management specialist consult is not medically necessary.