

Case Number:	CM13-0070911		
Date Assigned:	01/08/2014	Date of Injury:	10/22/2010
Decision Date:	03/31/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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, 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 47 year-old female Produce Worker patient sustained an injury when she slipped on a piece of squash and fell striking her left hand and wrist on 10/22/10 while employed by [REDACTED]. Requests under consideration include Physical Therapy x8 for right hand, Occupational therapy x8 for the right hand, and Acetaminophen 500 mg. Diagnosis list included radial styloid and hand/wrist tenosynovitis; mononeuritis of upper limb; trigger finger; synovitis; shoulder sprain. Review indicated the patient has had at least 60 (sixty) therapy sessions to date. Report of 11/14/13 from the provider noted patient had thumb and trigger finger released on 2/10/12, surgical neurolysis of the digital nerves on 4/12/12, and scar revisions in May and June of 2013. The patient was evaluated on 9/9/13 by another provider and was deemed permanent and stationary with regard to the right hand with recommendations for anti-inflammatories, non-prescription analgesics, and occasional short courses of physical therapy for flares and exacerbations. Presently, the patient has continued chronic pain in right thumb and index flexor tendon with lack of sensation along radial thumb. She uses Ibuprofen and Acetaminophen. Exam showed some scars about the right wrist and thumb along the palm and about the right thumb. Range of bilateral shoulders and wrists/hands were normal in all planes with negative Tinel's, Phalen's and carpal canal compression testing; DTRs 2+ symmetrical with normal resisted strength of the forearms and wrists with minimal active range without grip strength on right thumb. Diagnoses included chronic neuropathic pain s/p right carpal tunnel release and right thumb neurolysis. Treatment included physical and occupational therapy above along with medication which were non-certified on 12/3/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Physical Therapy x 8 for right hand: Upheld

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 Physical Therapy Page(s): 98-99.

Decision rationale: This 47 year-old female Produce Worker patient sustained an injury when she slipped on a piece of squash and fell striking her left hand and wrist on 10/22/10 while employed by [REDACTED]. Requests under consideration include Physical Therapy x8 for right hand, Occupational therapy x8 for the right hand, and Acetaminophen 500 mg. Review indicated the patient has had at least 60 (sixty) therapy sessions to date. Report of 11/14/13 from the provider noted patient had thumb and trigger finger released on 2/10/12, surgical neurolysis of the digital nerves on 4/12/12, and scar revisions in May and June of 2013. The patient was evaluated on 9/9/13 by another provider and was deemed permanent and stationary with regard to the right hand with recommendations for anti-inflammatories, non-prescription analgesics, and occasional short courses of physical therapy for flares and exacerbations. Exam showed some scars about the right wrist and thumb along the palm and about the right thumb. Range of bilateral shoulders and wrists/hands were normal in all planes with negative Tinel's, Phalen's and carpal canal compression testing; DTRs 2+ symmetrical with normal resisted strength of the forearms and wrists with minimal active range without grip strength on right thumb. Diagnoses included chronic neuropathic pain s/p right carpal tunnel release and right thumb neurolysis. Physical and occupational 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. There is no report of acute flare-up or new injuries noted nor total quantity of therapy post-surgery of June 2013, 9 months ago; however, the patient has received over 60 therapy visits to date. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received more than the amount of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. The Physical Therapy x8 for right hand is not medically necessary and appropriate.

The request for Occupational therapy x 8 for the right hand: Upheld

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 Physical Therapy Page(s): 98-99.

Decision rationale: This 47 year-old female Produce Worker patient sustained an injury when she slipped on a piece of squash and fell striking her left hand and wrist on 10/22/10 while employed by [REDACTED]. Requests under consideration include Physical Therapy x8 for right hand, Occupational therapy x8 for the right hand, and Acetaminophen 500 mg. Review indicated the patient has had at least 60 (sixty) therapy sessions to date. Report of 11/14/13 from the provider noted patient had thumb and trigger finger released on 2/10/12, surgical neurolysis of the digital nerves on 4/12/12, and scar revisions in May and June of 2013. The patient was evaluated on 9/9/13 by another provider and was deemed permanent and stationary with regard to the right hand with recommendations for anti-inflammatories, non-prescription analgesics, and occasional short courses of physical therapy for flares and exacerbations. Exam showed some scars about the right wrist and thumb along the palm and about the right thumb. Range of bilateral shoulders and wrists/hands were normal in all planes with negative Tinel's, Phalen's and carpal canal compression testing; DTRs 2+ symmetrical with normal resisted strength of the forearms and wrists with minimal active range without grip strength on right thumb. Diagnoses included chronic neuropathic pain s/p right carpal tunnel release and right thumb neurolysis. Physical and occupational 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. There is no report of acute flare-up or new injuries noted nor total quantity of therapy post-surgery of June 2013, 9 months ago; however, the patient has received over 60 therapy visits to date. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received more than the amount of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. The Occupational Therapy x8 for right hand is not medically necessary and appropriate.

The request for Acetaminophen 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

Decision rationale: Per MTUS and ACOEM Guidelines, Acetaminophen is a first-line recommended treatment for chronic pain and during acute exacerbations for osteoarthritis of the joints and for low back pain; however, there is concern for hepatotoxicity with overdose causing acute liver failure. For treatment failure with Acetaminophen, a Non-steroidal anti-inflammatory

drug may be warranted. This patient has been prescribed both Acetaminophen and Ibuprofen for quite some time for this chronic 2010 injury made permanent and stationary in September 2013 with future medical for non-prescription analgesic and anti-inflammatories for acute exacerbations; however, there is none reported from submitted documents nor is there any quantity noted on request for medication; therefore, the Acetaminophen 500 mg is not medically necessary and appropriate.