

Case Number:	CM14-0000838		
Date Assigned:	01/22/2014	Date of Injury:	08/19/2013
Decision Date:	07/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 29 year old woman who sustained a work related injury on August 19 2013. The patient was bitten by a German Shepherd causing wound to the right hand and forearm. She sustained a fracture of the fourth metacarpal, laceration and abrasion of the right hand. She received IV antibiotics, and a splint after cleaning her wound. The patient underwent surgery on August 21, 2013 to repair the metacarpal fracture on the fourth metacarpal. Subsequently, the patient developed chronic right wrist pain and hand stiffness. According to a note by ██████████ dated on November 27, 2013, the patient reported no improvement of her right wrist pain upon use and twisting. Her physical examination showed a heated fourth metacarpal of the right hand, but overall finger alignment, and significant limitation of metacarpophalangeal joint flexion. The patient completed 17 postoperative physical therapy sessions with significant improvement of her condition. The provider requested authorization for additional occupational therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 OCCUPATIONAL THERAPY VISITS FOR THE HAND: Upheld

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

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process; Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. Furthermore and according to the MTUS guidelines, 16 physical therapy visits over 10 weeks are recommended in post op metacarpal fracture. The employee underwent 17 session of physical therapy with documented objective and subjective pain and functional improvement. There is no rationale for additional physical therapy sessions and there is no indication that additional functional improvement is expected. Therefore the request for 8 Occupational Therapy Visits For the Hand is not medically necessary.

1 BOX OF DYNAMIC TAPE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wrist wraps. (http://en.wikipedia.org/wiki/Wrist_wraps).

Decision rationale: MTUS and ODG guidelines are silent regarding the use of Dynamic Tape. There are no controlled studies or guidelines supporting the use of Dynamic Tape for wrist pain. Therefore, the request for 1 Box Of Dynamic Tape is not medically necessary.

