

Case Number:	CM14-0005127		
Date Assigned:	01/24/2014	Date of Injury:	02/01/1999
Decision Date:	06/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 52-year-old female with a date of injury of 02/01/1999. The listed diagnoses are: Radiculopathy and Degenerative disk disease. According to report dated 12/19/2013, the patient presents with wrist pain. The patient has been seeing a hand therapist and is "definitely making progress." She does still have difficulty turning and twisting object but has now improved in terms of being able to button clothes and improve range of motion of wrist flexion and ulnar deviation. Physical examination revealed mild to moderate swelling noted over the dorsum of the right wrist, very tender to palpation over the ulnar ECU as well as the plantar and dorsal wrist tendons. Wrist flexions are 30 degrees 4/5 right wrist flexors and extensors limited by pain. Right 3rd digit has marked arthritic changes in PIP joint and is unable to extend fully. Treater recommends a right finger splint for the 3rd digit and additional 6 physical therapy visits. Utilization review dated 12/26/2013 denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A CUSTOMIZED RIGHT FINGER SPLINT FOR THE 3RD DIGIT:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Regarding Splints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Splints.

Decision rationale: This patient presents with wrist pain. The treater is requesting a customized ring finger splint for the 3rd finger. Utilization review dated 12/26/2013 denied the request stating, "It is not known how the splint can provide benefit for the documented condition..." ODG has the following regarding splints, "Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting." ODG also has the following on mallet finger splinting, "Recommended. Although various treatment protocols have been proposed, splinting of the distal interphalangeal joint for 6 to 8 weeks has yielded good results while minimizing morbidity in the majority of patients." ODG recommends splinting for mallet finger. Recommendation is for approval.

ADDITIONAL 6 VISITS OF PHYSICAL THERAPY FOR THE HAND (LATERALLY UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

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

Decision rationale: This patient presents with wrist pain. The treater is requesting 6 additional hand physical therapy sessions. Medical records indicate the patient received 6 physical therapy sessions between 12/02/2013 to 12/09/2013. Physical therapy progress report showed patient continued with limited ROM and function and recommended additional therapy and a splint. On 12/19/2013 [REDACTED] requested additional therapy stating, "Hand therapy notes that she has significant goals still to work on." For physical medicine, the MTUS Guidelines page 98 and 99 recommends 9 to 10 sessions for myalgia, myositis type symptoms. In this case, the patient has already received 6 sessions and although there are some therapy goals that have not been met, the treater does not discuss why the patient would not be able to continue therapy by working on a home exercise regimen. The requested additional 6 sessions combined with the 6 already received, would exceed what is recommended by MTUS. Recommendation is for denial.