

Case Number:	CM14-0114429		
Date Assigned:	08/04/2014	Date of Injury:	07/12/2011
Decision Date:	11/04/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 31 year old male who reported an injury on 07/12/2011. The Mechanism of injury was a fall. He had diagnoses to include status post left trigger finger release, stenosing tenosynovitis and status post hyperextension left index finger. His previous treatments were noted as occupational therapy and medication. He underwent left index finger A1 pulley release on 11/06/2013. On 06/23/2014 the injured worker reported occasional sticking of the left index finger, swelling, loss of motion and numbness. On physical exam of the left hand the base of the index finger was slightly swollen, there was tenderness to the A1 pulley in the index and ring fingers, and decreased sensation was present. The injured worker's medication regimen included Voltaren XR and Norco. The treatment plan included continuation of occupational therapy and an EMG/NVC of the left upper extremities to assess decreased sensation with ongoing numbness. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Add Occupational Therapy x 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The request for additional occupational therapy x 6 visits is not medically necessary. The California MTUS guidelines recommend 9 sessions of therapy over 8 weeks after trigger finger release, with a physical medicine treatment period of 4 months. The injured worker reported a loss of motion, numbness and swelling. The provider noted the injured worker was making progress; however, the provided documentation does not indicate how many sessions of occupational therapy the injured worker has completed. In addition, there is no documentation of reduced work restrictions, improvement in daily activities or at home exercise program. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior sessions of therapy. Based on the lack of information, the request for additional occupational therapy is not medically necessary.

EMG / NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG/NCV is not medically necessary. The California MTUS/ACOEM guidelines note in cases of peripheral nerve impingement, if there is no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The injured worker had complaints of left hand and finger numbness and weakness with no quantified documentation. There is a lack of documentation indicating the injured worker had positive provocative testing which demonstrated possible nerve impingement. There is a lack of significant objective physical examination findings. Additionally, EMG would not be necessary to assess for peripheral neuropathies. The request for EMG/NCV is not medically necessary.