

Case Number:	CM14-0151087		
Date Assigned:	09/19/2014	Date of Injury:	11/13/2010
Decision Date:	10/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopaedic Surgery 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:

This 43-year-old female zoo educator/guide sustained an industrial injury on 11/13/10. Injury occurred when she tripped and fell onto her left hand, landing on top of broken glass. She sustained a laceration to the base of the thenar eminence near the radial margin of the carpal tunnel. She underwent left median nerve decompression with intraneural neurolysis and third common digital nerve transfer to the ulnar digital nerve of the thumb and radial distal nerve of the index finger on 6/14/14. The 8/14/14 treating physician report indicated that the patient was markedly improved after surgery with some residual stiffness, hypersensitivity, and swelling. Physical exam documented modest sensitivity over the left index finger radial scar margin with some induration noted. There was mild volar wrist and first dorsal compartment swelling with associated tenderness. Finkelstein's was negative. There was full passive range of motion of each digit and nearly normal hand active range of motion. The treatment plan recommended 6 additional hand therapy sessions to address strength and desensitization techniques and cold laser therapy for residual scar induration. The 8/18/14 physical therapy progress report indicated that the patient had completed 12 visits. The patient reported her hand felt good when she did not overuse it. Muscle testing documented: 4-/5 extension and 4/5 flexion, and radial/ulnar deviation strength on the left. Strength was 4+/5 to 5/5 on the right wrist. The 9/4/14 utilization review denied the request for additional post-op hand therapy as the patient had attended a sufficient number of post-op therapy sessions to be educated in a home exercise program to maintain improvement level. Cold laser therapy was denied as there was no guideline support for this modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op hand therapy x 6 for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for digital nerve repair suggest a general course of 8 post-operative visits over 4 months during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. This patient completed 12 post op hand therapy visit with restoration of full passive and near normal active range of motion. There is a mild residual strength deficit noted. There is no compelling reason to support the medical necessity of additional supervised hand therapy over an independent home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.

Cold laser therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low level laser therapy (LLLT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

Decision rationale: The California MTUS guidelines state that cold laser treatment (low-level laser therapy) is not recommended. Guidelines state that given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of cold laser therapy for this patient in the absence of guideline support for this modality. Therefore, this request is not medically necessary.