

Case Number:	CM14-0164176		
Date Assigned:	10/08/2014	Date of Injury:	04/13/2014
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 injured worker is a 36-year-old male with a reported date of injury on 04/13/2014. The injury reportedly occurred when the injured worker was using a meat saw and cut his left 3rd digit. His diagnoses were noted to include finger injury. His previous treatments were noted to include medications and stitches. The progress note dated 09/09/2014 revealed complaints of mild to moderate pain over the left middle finger which was nearly constant. There was increased pain with gripping, grasping and light touch. The physical examination revealed the injured worker was able to form a full fist and had full range of motion. There was mild deformity with a well healed scar over the medial aspect of the left middle finger with midline hypersensitivity and allodynia. There was tenderness on palpation of the left distal interphalangeal joint. The progress note dated 10/09/2014 revealed complaints of pain to the left middle finger rated 4/10. The injured worker indicated the medications were helping and he tolerated them well. The physical examination of the left hand revealed deformity over the medial aspect of the middle finger and a well healed scar over the medial aspect of the middle finger. No limitation was noted in flexion and extension of all fingers and allodynia was noted over the distal interphalangeal joint of the middle finger. The temperature was decreased over the hand and tenderness to palpation was noted over the distal interphalangeal joint of the middle finger. The injured worker was able to form a full fist. The Request for Authorization form was not submitted within the medical records. The request was for acupuncture times 8 to treat the left middle finger/hand and occupational therapy times 8 to treat the left middle finger/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 to treat the left middle finger/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture times 8 to treat the left middle finger/hand is not medically necessary. The injured worker complains of left middle finger pain. Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture with time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The documentation provided indicated the injured worker had left middle finger pain. The guidelines recommend 3 to 6 treatments and the request for 8 sessions of acupuncture exceeds guideline recommendations. Additionally, the documentation provided indicated the injured worker had been approved for acupuncture therapy and there is a lack of documentation with quantifiable functional improvements with acupuncture. Therefore, the request is not medically necessary.

Occupational therapy x 8 to treat the left middle finger/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request for occupational therapy times 8 to treat the left middle finger/hand is not medically necessary. The injured worker complains of pain to the left middle finger. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. 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. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided indicated the injured worker had a full range of motion and was able to form a full fist. The documentation provided indicated the grip strength to the left hand was 69, 69, 68 pounds. Therefore, due to the lack of documentation of decreased range of motion,

decreased strength, occupational therapy is not appropriate authorization this time. Additionally, the documentation provided indicated occupational therapy had been previously approved and there is a lack of documentation with quantifiable objective functional improvement with occupational therapy. As such, the request is not medically necessary.