

Case Number:	CM14-0177137		
Date Assigned:	10/30/2014	Date of Injury:	08/22/2014
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, has a subspecialty in Internal 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 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:

Patient is a 39-year-old male who has submitted a claim for left index finger laceration status post surgery and left wrist sprain/strain associated with an industrial injury date of 8/22/2014. Medical records from 2014 were reviewed. Patient presented to the clinic complaining of a cut to his left index finger. He was trying to cut a cloth strip attached to a patio chair with a box cutter when his right hand suddenly slipped causing him to cut his left index finger. Pain was rated 5 to 7/10 in severity. He underwent left index finger repair for a laceration on 8/22/2014. The most recent report stated that patient complained of constant moderate achy, sharp, throbbing left wrist pain and left index finger pain associated with numbness. Aggravating factors included lifting, grasping, squeezing, pushing, and pulling activities. Physical exam showed a healed laceration on the left index finger. Stiffness was noted at the left index finger interphalangeal and metacarpophalangeal joints with minimal flexion. The left wrist was tender with diminished range of motion. A report from 10/22/2014 noted that x-ray of the left wrist had been performed; however, results were not available. Treatment to date has included left index finger surgery on 8/22/2014, use of a splint, and medications such as naproxen, Prilosec, and Tramadol. Utilization review from 10/13/2014 modified the request for 18 physical therapy visits for the hand into 9 visits to meet guideline recommendation as trial basis prior to extension of therapy services; denied x-ray of the left wrist because of no substantial evidence indicative of significant pathology; and denied an unknown prescription of Prilosec because of lack of gastrointestinal symptoms to warrant the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy visits for the hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Passive therapy 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. The guidelines recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The Official Disability Guideline also recommends 9 visits over 8 weeks for open wound of finger / hand. In this case, patient underwent left index finger repair for a laceration on 8/22/2014. The most recent report states that patient is complaining of constant moderate achy, sharp, throbbing left wrist pain and left index finger pain associated with numbness. Aggravating factors include lifting, grasping, squeezing, pushing, and pulling activities. The physical exam shows a healed laceration on the left index finger. Stiffness is noted at the left index finger interphalangeal and metacarpophalangeal joints with minimal flexion. The left wrist is tender with diminished range of motion. The working impression is left wrist sprain / strain. Initiation of physical therapy for this case is warranted. However, there is no discussion why the present request for 18 physical therapy visits exceeded guideline recommendation of initial 9 to 10 visits applicable for this case. Initial improvement from physical therapy should initially be documented prior to extension of therapy services. Therefore, the request for 18 physical therapy visits for the hand is not medically necessary.

1 x-ray of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Radiography

Decision rationale: The CA MTUS does not specifically address radiography of the hands and wrist. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, radiography of the hands and wrist is

recommended in cases of acute hand or wrist trauma and chronic wrist pain. In this case, patient underwent left index finger repair for a laceration on 8/22/2014. The most recent report states that patient is complaining of constant moderate achy, sharp, throbbing left wrist pain and left index finger pain associated with numbness. Aggravating factors include lifting, grasping, squeezing, pushing, and pulling activities. Physical exam shows a healed laceration on the left index finger. Stiffness is noted at the left index finger interphalangeal and metacarpophalangeal joints with minimal flexion. The left wrist is tender with diminished range of motion. The working impression is left wrist sprain / strain. X-ray may be warranted given that patient presented with hand trauma and persistent pain. However, a report from 10/22/2014 states that x-ray of the left wrist had been performed. It is unclear why repeat imaging should be performed. Review of medical records likewise failed to document results from previous x-ray. The medical necessity cannot be established due to insufficient information. Therefore, the request for x-ray of the left wrist is not medically necessary.

Unknown prescription of Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient is a 39-year-old male with a current treatment regimen of tramadol and naproxen. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of a PPI medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for unknown prescription of Prilosec is not medically necessary.