

Case Number:	CM14-0061707		
Date Assigned:	07/09/2014	Date of Injury:	05/24/2013
Decision Date:	11/21/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

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 and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 05/24/2013 due to reaching under an industrial washing machine to remove a wooden pallet when the edge of machine fell onto his right hand and wrist. Diagnoses were status post release of the intrinsic compartments, post-traumatic osteoarthritis at the 2nd metacarpal head, intrinsic contracture of the index and middle fingers, partial laceration of the common digital nerve to the index and middle fingers with painful neuroma at the laceration site, and post-surgery reactive tendonitis of the extensor digitorum communes. X-rays revealed fuse of the right hand, with the left hand taken for comparison, showed some arthritis changes at the metacarpophalangeal joint at the index finger with osteophytes at the margins at the metacarpal head. All other small joints appear to be uninvolved. The left hand films do not show evidence of osteoarthritic changes, although they do show a short and distal phalanx, and a shortened left thumb. The length of the distal phalanx on the right side is normal. Past treatments have been medications, postoperative physical therapy, acupuncture, and chiropractic sessions. Physical examination, dated 04/10/2014, revealed complaints of numbness, pain and stiffness in the right hand and fingers. The injured worker is unable to make a fist. It was reported that the pain radiated into the wrist and forearm. The injured worker noted a mass in his wrist. The right index finger was sensitive, painful, and stiff. There were complaints of swelling in the index finger. Examination of the right hand revealed range of motion was limited. The injured worker was unable to make a fist or firmly grasp. Phalen test produced no peripheral neritic symptoms. Tinel at the common digital nerve to 2 and 3 with marked pain and radiation to the ulnar pulp of the index finger. Elbow flexion caused no peripheral neritic complaints. Sensory test revealed markedly hyperaesthetic to the ulnar pulp of the index finger, less so of the radial pulp of the middle finger. Muscle/tendon examination revealed Finkelstein was negative; there was no crepitation, no triggering, and no

erythema. Range of motion wrist flexion gave the injured worker dorsal wrist pain. Piano keying produced no pain. There was no crepitation or clunk with range of motion. Treatment plan was for occupational therapy 2 times 8 for the right hand. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT (Occupational therapy) 2x8 for right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand chapter- Physical/Occupational Therapy Guidelines

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

Decision rationale: The decision for OT (occupational therapy) 2x8 for right hand is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with 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. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. 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 in functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. The injured worker is expected to have transitioned to a home exercise program. Reasons why a home exercise program could not be continued for further gains was not reported. The clinical information submitted for review does not provide evidence to justify OT (occupational therapy) 2 times 8 for right hand. Therefore, this request is not medically necessary.