

Case Number:	CM14-0184640		
Date Assigned:	11/12/2014	Date of Injury:	05/22/2012
Decision Date:	05/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 24 year old male who sustained an industrial injury on 5/22/12 involving his right hand where he had 4th and 5th metacarpals identified by x-ray. He currently complains of loss of range of motion and pain in the right hand with minimal complaints of pain and weakness to the right hand. Medications include hydrocodone initially. Diagnoses include back pain; muscle spasms; crush injury, right hand; closed fracture of base of other metacarpal bone; closed fracture of distal phalanx of finger; lesion of ulnar nerve; anxiety disorder; impotence. Treatments to date include medication, physical/ occupational therapy. Diagnostics include x-ray of the right wrist (7/7/12) abnormal. In the progress note dated 9/15/14 the treating providers plan of care includes an excerpt from the agreed medical examiner dated 7/17/14 indicating additional formal occupational therapy would be beneficial and giving the injured worker the benefit of the doubt recommend 3 visits for 4 weeks additionally to focus on grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy 3x4 to the right 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 Pain Interventions and Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had received at least 13 occupational therapy visits. The request for an additional 12 visits would bring the total number of treatments to at least 25. This surpasses the maximum recommended number of 10 visits. The request should not be authorized.