MAXIMUS Federal Services

Case Number:	CM14-0189843		
Date Assigned:	11/21/2014	Date of Injury:	06/14/2012
Decision Date:	01/08/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine and is licensed to practice in New York. 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 injured worker, a 41-year-old right-hand-dominant man, claims injury 6/14/2012 and diagnosed with a sprain of the metacarpophalangeal joint of the hand. He has a 50-pound package slip and cause a hyperextension injury to his thumb, when working as a deliveryman. He was treated by occupational medicine and referred to a hand surgeon, and then another hand surgeon. He has chronic right thumb pain. Imaging has noted degenerative changes in the CMC joint. Treatment has included home exercise, prior therapy (approximately 12 between 6/2013 and 8/2013), splinting, ice, NSAID, acupuncture and topical analgesics. On the 5/16/14 QME examination, he is noted to have decreased flexion across the right thumb, 20 degrees less than the left. He was tender over the radial volar aspect of the thumb. Grip strength was decreased in the right compared to the left. Primary treating physician report from the hand surgeon on 8/28/14 indicates he feels that occupational therapy twice weekly for 6 weeks for modalities and strengthening. He recommended no lifting more than 15 pounds. By 10/9/14, the surgeon still notes that he would benefit from Occupational Therapy BIW for 4 weeks, but felt he could return to regular duties 10/13/14. His physician is requesting the reversal of the 10/25/14 denial for "physical medicine procedure." He is requesting 8 additional occupational therapy sessions for the right thumb, twice per week for 2 weeks. He has had three visits to the occupational therapy with improvement in pain and stiffness. The peer review denied the request stating guideline criteria had not been met. It was not clear why an independent home exercise program was not sufficient to manage any remaining functional deficits after the approved 4 occupational therapy visits. Another reviewer notes that he has returned to full duty and only has vague deficits on examination, and also notes that he should be versed in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Occupational Therapy Sessions for the Right Thumb: Upheld

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

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

Decision rationale: Per the CA MTUS, Chronic Pain Guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) 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.This injured worker, by report, has had a full course of therapy in 2013, and recently a second approved course of 4 visits. He is not in the early phases of pain treatment at all, and has already benefited from physical therapy for this injury a year prior to this request. Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine. For myalgias and myositis, it allows for 9-10 visits over 8 weeks. There is no guideline specific to sprain/strain noted. The latest reports (in October 2014) reviewed, do not specify a functional deficit or even decreased range of motion across the CMC joint. The goal of additional therapy is not clear, and home exercise program is appropriate at this juncture. The request for 8 Additional Occupational Therapy Sessions for the Right Thumb is not medically necessary.