

Case Number:	CM14-0192505		
Date Assigned:	11/26/2014	Date of Injury:	09/03/2013
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family 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:

This is a 19 year old female patient who sustained an injury on 9/3/2013. She sustained the injury while working on the conveyor belt line of a fruit packing operation, her right hand become caught between the belt and a piece of metal, resulting in contusion and abrasions over the dorsal aspects of the 3rd, 4th, and 5th fingers of the right hand. The current diagnoses include right hand strain and arthropathy, traumatic arthropathy hand and ankylosis of hand. Per the doctor's note dated 10/9/14, she had complaints of right hand and finger burning pain at 3/10 with tingling, numbness and weakness in right hand. She also had complaints of anxiety. The physical examination revealed no change since last visit. The medications list is not specified in the records provided. She has had right hand X-ray which revealed negative for evidence of fracture or arthropathy. She has had extensive physical therapy visits including massage, paraffin bath, acupuncture and infrared for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

NP low complex: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 12/31/14), Office visits.

Decision rationale: Per ODG Pain guidelines, "Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker.... The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per the records provided patient had right hand and finger burning pain at 3/10 with tingling, numbness and weakness in right hand. NP low complex visit is medically necessary and appropriate for this patient.

Comp Assessment neuro rehab (matrix): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Evidence of uncertain or extremely complex diagnosis is not specified in the records provided. Presence of psychosocial factors is not specified in the records provided. Prior diagnostic study reports with significant abnormal findings are not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Evidence of significant neurological deficits is not specified in the records provided. In addition, she was approved for a orthopedic consultation in 10/2014. This consultation note is not specified in the records provided. The medical necessity of Comp Assessment neuro rehab (matrix) is not fully established for this patient.

Massage: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Per the CA MTUS guidelines, regarding massage therapy "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases.....Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were

registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided."Patient has had extensive physical therapy visits including massage, paraffin bath, acupuncture and infrared for this injury.Response to prior conservative therapy is also not specified in the records provided.Recent detailed physical examination with significant functional deficits that would require massage therapy is not specified in the records provided.A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The medical necessity of the massage is not fully established for this patient.

Chiropractic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS guidelines, chiropractic treatment is recommended only for low back complaints. Per the cited guidelines regarding chiropractic treatment "Forearm, Wrist, & Hand: Not recommended." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic."Patient has had extensive physical therapy visits including massage, paraffin bath, acupuncture and infrared for this injury.Response to prior conservative therapy is also not specified in the records provided.Recent detailed physical examination with significant functional deficits that would require chiropractic therapy is not specified in the records provided.A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The medical necessity of the chiropractic is not fully established for this patient.

Paraffin baths: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Forearm, Wrist, & Hand (updated 11/13/14), Paraffin wax baths.

Decision rationale: Per the ODG forearm and wrist chapter, paraffin wax bath is "Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic

hands." There is no clinical evidence of arthritic hands in this 19 year old patient. There is no high grade scientific evidence to support the use of paraffin wax bath for this diagnosis. She has had extensive physical therapy visits including massage, paraffin bath, acupuncture and infrared for this injury. Response to this prior conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of Paraffin baths is not fully established for this patient.

Physical Therapy times 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. She has had extensive physical therapy visits including massage, paraffin bath, acupuncture and infrared for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy times 12 is not established for this patient at this time.