

Case Number:	CM14-0201144		
Date Assigned:	12/11/2014	Date of Injury:	10/28/2010
Decision Date:	01/31/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 57-year-old male with an injury date of 10/28/2010. Based on the 08/01/2014 progress report, the patient complains of having a limited range of motion of the fingers of the right hand, stiffness of the fingers of the right hand, pain in the right wrist, pain in the right fingers/knuckles, and numbness on the top side/knuckles of the right hand. With extreme flexion contracture of the PIP joint, there is clear evidence of volar plate contracture. There is intrinsic tightness of the little finger, allowing 80 to 85 degrees of flexion. "Presently, the patient is a candidate for volar plate release of the PIP-5 joint along with extensor tenolysis and capsulotomy of the extensor tendon of the PIP-5 joint. We are now ready to proceed with surgery as soon as possible." The 09/12/2014 report states that the patient continues to have wrist pain and abnormal finger pain. The 10/24/2014 report indicates that the patient continues to have pain in the right wrist/fingers and knuckles. He has stiffness of the fingers of the right hand as well as increased pain in the right fingers of the right hand with physical activity. He continues to have tenderness in the top part of his right hand and knuckles. There has been no change in range of motion of fingers, and there is a continued volar plate contracture. The patient's diagnoses include the following: 1. Right index finger flexion contracture, PIP joint. 2. Right index finger extension contracture, DIP joint. The utilization review determination being challenged is dated 11/05/2014. Treatment reports were provided from 02/12/2014-10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 postoperative occupational therapy visits for the right hand/fingers, 3 visits per week for 4 week: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Hand Physical Therapy Physical /Occupational therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical guidelines forearm, wrist, and hand Page(s): 18-20.

Decision rationale: According to the 10/24/2014 report, the patient presents with pain in his right wrist/fingers and knuckles, stiffness of the fingers of the right hand, increasing pain in the right fingers of the right hand, and numbness on the top part of the right hand and knuckles. The request is for 12 POST Operative Occupational Therapy Visits for The Right Hand/Fingers, 3 Visits per Week for 4 Weeks. MTUS post-surgical guidelines pages 18-20 regarding the forearm, wrist, and hand allow the following: PIP and MCP capsulotomy/capsulectomy [DWC]: Postsurgical treatment: 24 visits over 2 months *Postsurgical physical medicine treatment period: 4 months. In this case, the 10/24/2014 report states, "Occupational therapy 3 times per week for 4 weeks with the CHT: 1 day after surgery." The patient has been approved and the treater wants to make sure that post-operative therapy starts right away following surgery. The request is reasonable and consistent with what is recommended for this type of surgery. The request IS medically necessary.