

Case Number:	CM15-0007842		
Date Assigned:	01/26/2015	Date of Injury:	07/25/2014
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/14/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male who sustained a work related injury July 25, 2014. According to an orthopedic consultation dated September 8, 2014; the injured worker had a history (2005) of right dorsal wrist pain and developed an extensor tenosynovitis which cultured positive for Mycobacterium marinum. There was also a systemic infection involving the left hand with flexor tenosynovectomies performed for both hands. On the day of injury while wrenching, his arm slipped and struck the under surface of a car and he developed swelling and a large bruise to the dorsum of the hand. Diagnosis documented as right extensor tenosynovitis, fourth dorsal compartment, s/p blunt contusion. Over the course of care, the injured worker received antibiotics, physical therapy, occupational therapy and modifications of limited use of right hand at work. According to a physician's report dated December 1, 2014, the injured worker presented with complaints of swelling along the mid-portion of the right forearm. The symptoms are worse with use and grasping the hand for activities such as brushing teeth or putting on clothing causes pain. Forearm circumference on the right and left at maximum area of swelling is 19.5cm, equal. There is no extensor tenosynovitis along the dorsum of the hand. Tenderness along the extensor tendons in zone 6 and 7 is present. Assessment is documented as extensor pain, right distal forearm. Treatment plan includes a request for an MRI (magnetic resonance imaging) and continue Naproxen. Work status return to work with modifications. An MRI, right hand, report dated August 8, 2014, is present in the medical record. According to utilization review dated January 2, 2015, the request for additional Occupational Therapy (2) times a week for (4) weeks is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy for the right hand, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is “recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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 and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007).” In this case, the patient underwent several occupational therapy sessions without documentation of clear benefit. In fact, the OT hand therapy progress note dated December 3, 2014 indicated that the patient had completed 17/18 visits, yet he continued to complain of wrist/hand pain. Therefore additional occupational therapy for the right hand, twice weekly for four weeks is not medically necessary.