

Case Number:	CM15-0139255		
Date Assigned:	08/04/2015	Date of Injury:	04/26/2014
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female who sustained an industrial injury on 4-26-14. She had complaints of left hand and wrist pain. Diagnostic studies include: x-ray, MRI, nerve conduction studies and bone scan. Treatments include: medication, TENS unit, hot and cold therapy, hydrotherapy, massage, manual traction and or mobilization techniques, myofascial release, chiropractic care, game ready vaso-pneumatic compression and cryotherapy, in office strengthening program, home exercise program, custom brace and surgery. Progress report dated 5-7-15 reports continued complaints of left hand pain post op. The pain is described as sharp, burning, and throbbing. The pain is frequent and is moderate to severe. In review of response to therapy, therapeutic goals are not being met. The symptoms are greatly affecting basic functioning of the hand and daily activities. Diagnoses include: contracture of hand, small finger status post left small finger extensor tenolysis with capsular release and collateral releases left and left cubital tunnel syndrome. Plan of care includes: continue Vicodin, start CPM finger continuous passive motion, standard for post operative use direct application as tolerated for one month one unit, start knuckle bender dynamic brace apply to injured hand daily as much as tolerated referral to knuckle bender brace, referral to occupational therapy for functional restoration therapy 3 times per weeks for 4 weeks for left hand and wrist. Work status: as per primary physician. Follow up in 1 week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op occupational therapy for the left hand/wrist x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional occupational therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of 24 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional occupational therapy is not medically necessary.