

Case Number:	CM15-0164959		
Date Assigned:	09/02/2015	Date of Injury:	01/02/2014
Decision Date:	10/05/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

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 60 year old male, who sustained an industrial injury on 1-02-2014, resulting from a fall on his right side. The injured worker was diagnosed as having sprain-strain shoulder-arm, unspecified, sprain of elbow or forearm, unspecified, trigger finger, and sprain of wrist, unspecified. Treatment to date has included diagnostics, surgery on his right ring and small fingers on 7-11-2014, hand therapy (at least 10 sessions from 1-05-2015 to 2-12-2015), and medications. Currently (6-26-2015), the injured worker complains of right hand pain, rated 7 out of 10. Average pain in the hand was rated 4 out of 10 after taking opioid medication, and relief lasted for 8 hours. A review of symptoms was positive for numbness, joint pain, stiffness, and muscle weakness. Current medications included Relafen, Neurontin, and Naprosyn. Exam noted a palpable nodule between the fourth and fifth digits on the palm, tenderness to palpation, restricted and painful hyperextension of all right digits, and decreased grip strength. He continued to have left hand pain and surgery was recommended. His work status was modified, starting on 7-26-2015. Per the progress report (6-23-2015), he reported that pain caused him to lose range of motion of the right upper extremity. Exam noted positive impingement test in the right shoulder and normal rotator cuff strength bilaterally. Popping and decreased range of motion was noted in the right elbow. The right small finger had 25 degree PIP (proximal interphalangeal joints) flexion contracture. He had fascial thickening in the palm, consistent with Dupuytren's contracture. The treatment plan included occupational therapy for the right upper extremity, 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2xwk x 4 wks Right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in January 2014 and underwent fourth and fifth trigger finger release surgery in July 2014. From 01/05/15 through 02/12/15 10 occupational therapy treatments were provided. The claimant then developed a Dupuytren contracture affecting the right hand. When seen, there was a nodule in the right palm. There was fascial thickening. There was decreased finger range of motion. Authorization for surgery and post-operative therapy were requested. After the surgery being planned, guidelines recommend up to 12 visits over 8 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and not considered medically necessary.