MAXIMUS Federal Services

Case Number:	CM15-0182964		
Date Assigned:	09/23/2015	Date of Injury:	02/16/2002
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/17/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on February 16, 2002. He reported finger pain. The injured worker was diagnosed as having Raynaud's disease, other specified disorders of arteries and arterioles, status post right hand revascularization (June, 2015), cellulitis and abscess of unspecified digit, ischemic fingers and late effects of open wound of extremities without mention of tendon injury. Treatment to date has included diagnostic studies, surgical intervention of the right ring finger, occupational therapy, medications and work restrictions. His work status was noted as permanent and stationary. It was noted on an 8-17- 2015 progress note, he was out of work since November 1, 2002. Currently, the injured worker continues to report finger pain, numbness, tingling, swelling, weakness and decreased range of motion. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. Evaluation on May 21, 2015, revealed continued chronic ischemic finger pain. Revascularization surgery of the right hand was performed on June 23, 2015. Evaluation on July 16, 2015, revealed normal color and temperature of the fingers. The wound on the palm of the hand extends from the wrist to the index mcp joint and was noted as open, weepy and swollen. He was 3 weeks status post revascularization. It was noted the sutures were removed a week earlier and the wound had reopened. He noted the pain was much better. The occupational therapy initial examination on August 3, 2015, revealed continued pain rated at 5 on a 1-10 scale with 10 being the worst. Wrist flexion was noted at 60 degrees and extension at 32 degrees. It was also noted he had decreased sensation with inability to differentiate between hot and cold. Anti-vibration gloves were recommended for activities of daily living including mowing and driving a car. The occupational visit note on August 17,

2015, revealed continued pain rated at 4 on a 1-10 scale with 10 being the worst. It was noted the incision was clean and healing well. Wrist extension was noted at 35 degrees and flexion at 80 degrees. The RFA included requests for Anti-vibration gloves QTY 2.00 that were denied and Physical therapy QTY 20.00 that was modified on the utilization review (UR) on August 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anti-vibration gloves QTY 2.00: 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) durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. The medical literature does not support the use of anti-vibration gloves in the treatment of hand pain over placebo. Therefore, the request is not medically necessary.

Physical therapy QTY 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine.-Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.