

Case Number:	CM15-0200364		
Date Assigned:	10/15/2015	Date of Injury:	10/02/2013
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/13/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 56 year old male, who sustained an industrial injury on 10-2-2014. The injured worker is undergoing treatment for saw injury to left forearm with multiple tendon lacerations with scar adhesions. Medical records dated 8-4-2015 indicate the injured worker complains of unchanged continued hand pain. The treating physician indicates, "He states it hurts when he does ulnar deviation" and "he also has pain on the dorsum of the distal forearm." Physical exam dated 8-4-2015 notes "over the site where the repairs are done, one can feel the scar and the junction of the tendons that were repaired and their adherence to the skin." "The thumb and index finger have better function now. He is able to pinch, use them and open and close them with more coordination." Treatment to date has included surgical repair of left upper extremity, physical therapy, and medication. The original utilization review dated 9-10-2015 indicates the request for tenolysis revision scar left forearm and facility outpatient is certified and post op physical therapy is modified and post op splint is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Occupational Therapy 3x4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, Work Activities.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state that practitioners should, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 3X4 sessions. This patient's prior therapy notes indicate that the patient has made significant strides in functional improvement with the ability to pinch, open and close the hand now with more coordination since surgery and initiation of therapy. Based on the patient's objective improvements, further physical therapy is indicated to help him regain hand function. Therefore, based on the submitted medical documentation, the request for physical therapy is medically necessary.

Post-Operative Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, Splints & Casts.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The ODG guidelines state that hands splints are medically necessary for fractures and soft tissue injuries of the hand. Splints are not recommended for tenolysis (this patient's authorized surgery). Splints may impede movement and lead to immobility or inactivity. Hence, a post-op splint is not indicated for this patient. Therefore, based on the submitted medical documentation, the request for post op splint is not medically necessary.