

Case Number:	CM15-0201988		
Date Assigned:	10/16/2015	Date of Injury:	11/25/2014
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 31 year old female, who sustained an industrial injury on 11-25-2014. A review of the medical records indicates that the worker is undergoing treatment for traumatic amputation of left index and long finger. Documentation shows that the worker received 6 hand therapy visits from 05-13-2015-06-11-2015 and 9 hand therapy visits were received from 08-11-2015-09-18-2015. Subjective complaints (06-02-2015, 07-21-2015, and 08-25-2015) included stiffness and pain at her MCP, pulling type pain the dorsal aspects of her index and long fingers. On 07-21-2015, the physician noted that the worker had 6 hand therapy appointments and felt that they helped but that the worker stated that she had not achieved maximum functionality. The physical therapy notes documented improved range of motion. Objective findings (06-02-2015, 07-21-2015, 08-25-2015) included ability to only make a partial fist, difficulties with active range of motion at the MCP, PIP and DIP joints of the index and long fingers, partial flexion of index and longer finger at MCP and DIP joint with pain and pain with stretching of the index and long fingers. The physician's treatment plan included further hand therapy, home exercises taught by hand therapy and pain medication. Treatment has included pain medication and hand therapy. A utilization review dated 10-06-2015 non-certified requests for hand therapy x 1 and hand therapy x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Therapy x 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Physical-Occupational therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: 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 (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and-or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Amputation of thumb; digit (ICD9 885; 886): Medical treatment: 18 visits over 6 weeks Per the medical records submitted for review, it is noted that the injured worker has completed at least 30 hand therapy visits postoperatively. The medical records do not indicate any exceptional factors necessitating additional sessions. At this point, the injured worker should have been transitioned to self-directed home based therapy. The request is not medically necessary.

Hand Therapy x 12: Upheld

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

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

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "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 (ICD 729.2): 8-10 visits over 4 weeks." The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by,

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