

Case Number:	CM15-0210358		
Date Assigned:	10/29/2015	Date of Injury:	05/19/2015
Decision Date:	12/11/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/26/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

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 36 year old male with an industrial injury dated 05-19-2015. A review of the medical records indicates that the injured worker is undergoing treatment for deformity-acquired finger NE, injury crushing finger, and finger amputation and disarticulation. According to the orthopedic consultation dated 09-25-2015, the injured worker's chief complaint was left small finger pain. The injured worker reported worsening pain over the last several days due to pin jammed further into hand. The injured worker reported discomfort and numbness to the radial aspect of the fingertip. Current medication includes Ibuprofen 800 mg pain scale score was not reported (09-25-2015). Documentation noted that the injured worker attended therapy without much improvement. Objective findings (09-25-2015) revealed no movement at the distal interphalangeal joint or proximal interphalangeal joint of his injured small finger. The pin was in place and there did not appear to be an infection, during exam. Physical exam also revealed healed scars and slightly diminished sensation to light touch along the radial aspect of the distal phalanx. The orthopedic assessment included status post electrical saw injury, left small finger proximal interphalangeal joint (PIP) with loss of the proximal interphalangeal joint (PIP), nonunion of left small finger proximal interphalangeal joint, and status post repair of left small finger neurovascular bundle. In a progress report dated 10-02-2015, the injured worker presented for follow up of a fractured left fifth digit. The injured worker reported worsened pain since removal of pin, and less stability. Pain rating score was not documented (10-02-2015). Physical exam revealed well healed surgical scar on a truncated 5th finger with no signs of infection, non-tender to palpitation, full range of motion at the metacarpophalangeal (MCP) but lacks motion distally. The treating physician reported that the X-ray of the left hand on 8-14-2015 revealed probable arthrodesis of the 5th proximal interphalangeal joint and perhaps distal interphalangeal

joint. Treatment has included diagnostic studies, prescribed medication, surgical procedure, unknown number of sessions of therapy and periodic follow up visits. The utilization review dated 10-09-2015, modified the request for Norco 10-325mg #45 with no refill (original: Norco 10-325mg #45 with 1 refill) and 7 sessions of post-op occupational-physical therapy (original: 12 Sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of post-op occupational/physical therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The patient is a 36 year old male who was certified for left small finger DIP joint release and ORIF of the PIP joint with bone graft. A request had been made for 12 sessions of postoperative physical therapy. Based on the requested procedures, postoperative physical therapy guidelines are as follows: PIP joint intraarticular fracture and or dislocation at proximal or middle phalanx [DWC]: Postsurgical treatment: 20 visits over 6 months. Postsurgical physical medicine treatment period: 8 months PIP and MCP capsulotomy/capsulectomy [DWC]: Postsurgical treatment: 24 visits over 2 months. Postsurgical physical medicine treatment period: 4 months (Although the procedure certified was for a DIP joint release, this should be considered in the same light as a PIP joint release.) From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d) (1) of this section. Therefore, based on these guidelines, 12 visits would not exceed the initial course of therapy guidelines. An initial 12 visits is consistent with the overall complexity of the two surgical procedures of the left small finger. The guidelines used above appear to be more consistent with the procedures certified than that asserted by the UR. The request for post-op occupational/physical therapy is medically necessary.

Norco 10/325mg #45 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 11 (Forearm, Wrist and Hand Complaints, Hand/Finger Osteoarthritis) 2009, page 151.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient is a 36 year old male who was certified for left small finger DIP joint release and ORIF of the PIP joint with bone graft. A request had been made for Norco 10/325 #45 with 1 refill. As the patient was certified for complex treatment of the left small finger, narcotic analgesia is necessary for adequate pain relief in the acute period. Norco 10/325 #45 (without the refill) should be sufficient for coverage during the initial acute postoperative period. From page 77-78, Opioids, criteria for use: Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue"

opioids. The need for extra opioids can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. (e) If partial analgesia is not obtained, opioids should be discontinued. Thus, the use of a short-acting narcotic is consistent with the guidelines. However, the added refill would not be necessary at the time of initiating therapy. If further narcotic analgesia is necessary, guidelines related to on- going management would be appropriate and could be considered at that time. The request for Norco with the added refill is not medically necessary.