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| <b>Case Number:</b>   | CM15-0243314 |                              |            |
| <b>Date Assigned:</b> | 12/22/2015   | <b>Date of Injury:</b>       | 01/08/2015 |
| <b>Decision Date:</b> | 01/28/2016   | <b>UR Denial Date:</b>       | 11/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/14/2015 |

### 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: New Jersey

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 40 year old male, who sustained an industrial injury on January 8, 2015, incurring left hand injuries. He was diagnosed with a penetrating wound and infection in the left palm. The open wound and lesion continued to have drainage. Current medications were for his hypertension and diabetes. He was referred for a surgical irrigation and debridement of the left hand wound but declined any surgery. Currently, the injured worker complained of left wrist and hand pain and left middle finger pain. He rated the constant pain 7 out of 10 on a pain scale from 0 to 10 and aggravated by gripping, grasping, reaching, pulling, and lifting. The pain was alleviated by activity restrictions. Treatment included neuropathic medications, topical analgesic cream, and muscle relaxants and a referral for a surgical incision and debridement of the left hand wound. The treatment plan that was requested for authorization included 12 sessions of outpatient post-operative occupational therapy for the left hand. On November 19, 2015, a request for 12 sessions of post-operative occupational therapy was modified to 8 sessions of post-operative occupational therapy by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions outpatient post-operative occupational therapy (OT) for the left hand:** 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 MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general hand complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. The MTUS Postsurgical Treatment Guidelines do not give specific recommendations following surgical debridement without nerve damage or tendon damage, such as in the case of this worker who only reported pain but no restriction in movement. As there was no muscular or neurological issues presented and no dysfunction quantified on examination, physical therapy seems to be not indicated. Also, for general complaints only up to 10 sessions might be reasonable. As this request was for 12 sessions of physical therapy, they will be considered medically unnecessary.