

Case Number:	CM14-0124461		
Date Assigned:	08/08/2014	Date of Injury:	05/27/2014
Decision Date:	09/29/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 43-year-old male who has submitted a claim for right middle finger crush injury, and right middle finger distal phalanx fracture associated with an industrial injury date of 5/27/2014. The only progress report made available for review was from 6/6/2014. Patient sustained a crush injury to his right middle finger, in addition to a fracture of the distal phalanx. Physical examination showed a healing avulsion injury. There was evidence of clean stitches with some bloody scabs. There was no gross drainage noted. Treatment to date has included bandaging, and medications such as Norco and Keflex. Utilization review from 7/18/2014 modified the request for occupational therapy - 3 times a week for 4 weeks- total 12 sessions into 3 x 2 visits as initial trial visits to meet guideline recommendations; denied the requests for plain X-Ray of hand (unspecified) and plain X-Ray of knee (unspecified) because of the need for repeat x-rays was not established; certified request for plain X-Ray of lumbar and/or sacral vertebrae (NOC Trunk) because of ongoing back complaints; denied the requests for durable medical equipment (DME) -knee brace and durable medical equipment (DME) -lumbar/ sacral brace because there was no documentation of instability of the lumbar spine or knees to put support the necessity of bracing; modified request for durable medical equipment (DME) -plastic spring - fingers (unspecified) into one for the middle finger as part of conservative care to address range of motion deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy - 3 Times a Week for 4 Weeks- Total 12 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Section, Physical Therapy.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Passive therapy 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. 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. Furthermore, ODG states that 8 visits of physical therapy over 5 weeks may be recommended for fracture of one or more phalanges of hand (fingers). In this case, patient sustained a crush injury to his right middle finger, in addition to a fracture of the distal phalanx. Physical examination showed a healing avulsion injury. Occupational therapy is a reasonable treatment option. However, there is no discussion as to why 12 sessions of therapy should be certified at this time. The number of sessions exceeded guideline recommendation of initial 8 visits. There is no discussion concerning need for variance from the guidelines. Therefore, the request for occupational therapy 3 times a week for 4 weeks- total 12 sessions is not medically necessary.

Plain X Ray of Hand (Unspecified): 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) Forearm, Wrist, and Hand Chapter, Radiography.

Decision rationale: The CA MTUS does not specifically address radiography of the hands and wrist. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, radiography of the hands and wrist is recommended in cases of acute hand or wrist trauma and chronic wrist pain. In this case, patient sustained a crush injury to his right middle finger, in addition to a fracture of the distal phalanx. Physical examination showed a healing avulsion injury. However, utilization review from 7/18/2014 cited that x-rays had been accomplished in the past. There is no compelling rationale for a repeat diagnostic study at this time. Therefore, the request for plain X-Ray of hand (unspecified) is not medically necessary.

Plain X Ray of Knee (Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: According to pages 341-343 of the CA MTUS ACOEM Knee Complaints chapter, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. In this case, there is no clear rationale for this request. The medical records failed to provide evidence of subjective complaints and objective findings pertaining to the knee to warrant this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for plain X-Ray of knee (unspecified) is not medically necessary.

Plain X Ray of Lumbar and/or Sacral Vertebrae (NOC Trunk): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, there is no clear rationale for this request. The medical records failed to provide evidence of subjective complaints and objective findings pertaining to the lumbar spine to warrant this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for plain X-Ray of lumbar and/or sacral vertebrae (NOC Trunk) is not medically necessary.

Durable Medical Equipment (DME) -Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace.

Decision rationale: CA MTUS ACOEM guidelines indicate that a brace should be used for patellar instability, ACL tear, or MCL instability. ODG states that patients with knee brace can increase confidence, which may indirectly help with the healing process. Patellar taping, and possibly patellar bracing, relieves chronic knee pain. In this case, there is no clear rationale for this request. The medical records failed to provide evidence of subjective complaints and objective findings pertaining to the knee to warrant this request. The medical necessity cannot

be established due to insufficient information. Therefore, the request for durable medical equipment (DME) -knee brace is not medically necessary.

Durable Medical Equipment (DME) -Lumbar/ Sacral Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, there is no clear rationale for this request. The medical records failed to provide evidence of subjective complaints and objective findings pertaining to the lumbar spine to warrant this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for durable medical equipment (DME) -lumbar/ sacral brace is not medically necessary.

Durable Medical Equipment (DME) -Plastic Spring - Fingers (Unspecified): Overturned

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), Forearm, Wrist, and Hand Section, Splints.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends splinting for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. In this case, patient sustained a crush injury to his right middle finger, in addition to a fracture of the distal phalanx. Physical examination showed a healing avulsion injury. Splinting is a reasonable treatment option. Therefore, the request for durable medical equipment (DME) -plastic spring - fingers (unspecified) is medically necessary.