MAXIMUS Federal Services

Case Number:	CM14-0147702		
Date Assigned:	09/15/2014	Date of Injury:	04/24/2014
Decision Date:	10/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal Medicine, and is licensed to practice in California and Illinois. 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:

The injured worker is a 25-year-old male who reported injury on 04/24/2014; while carrying rollers, he twisted his left hand and 5th digit. The injured worker's treatment history included x-rays and surgery. The injured worker was evaluated on 09/05/2014. It was documented the injured worker was 3 months status post ORIF of left hand. He was also about 6 weeks post removal of hardware and pins. The injured worker said he has not been contacted regarding his physical therapy. His left PIP joint was getting very stiff. Physical examination of the left 5th digit revealed soft tissue swelling of the PIP joint, tenderness over the PIP reconstruction site, range of motion was 30 degrees to 60 degrees, and flexion was noted at the PIP joint. Circulation was warm and pink distally with good capillary refill. There was intact sensation of the radial and ulnar border. Diagnoses included status post left PIP joint, fracture dislocation treated with ORIF and subsequent pin removal. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks in treatment of the left hand (fingers): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18 & 19.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines recommends forearm, wrist and hand used after surgery and amputation. During immobilization, there was weak evidence of improved hand function in the short term but not in the long term, for early occupational therapy and of a lack of differences in outcome between supervised and unsupervised exercises. Dislocation of the finger postsurgical treatment is that the recommended amount of visits is up to 16 visits over 10 weeks; postsurgical physical medicine treatment period of no more than four months. Additionally, the postsurgical treatment guidelines state that an 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. It is necessary to document functional improvements to consider additional therapy thereafter. On 06/25/2014 surgery that was performed for any fracture dislocation, extensor tendon type of injury to the little finger PIP joint therapies are appropriate to help gain range of motion in function. As such, the request for physical therapy 2 times per week for 6 weeks for treatment of the left hand fingers is medically necessary.

Vicodin 2.5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The documents submitted on 09/05/2014 failed to include the injured worker being on Vicodin. The provider failed to indicate pain relief using VAS scale measurement before and after Vicodin taking by the injured worker. It is unclear if the injured worker is taking Vicodin chronically. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Vicodin is not medically necessary.