

Case Number:	CM14-0213898		
Date Assigned:	12/31/2014	Date of Injury:	06/24/2014
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

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

This 66 year-old patient sustained a crush injury to the left hand on 6/24/14 from being caught between two rollers while employed by [REDACTED]. Request(s) under consideration include Additional PT 2x6 to L thumb, middle, and index finger and Additional 2 month rental of Dynasplint. Diagnoses include s/p partial thumb amputation with hardware removal of left index and middle finger on 7/20/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient has completed at least 24 post-op occupational therapy visits and 2 months of Dynasplint rental. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/18/14 from the provider noted patient doing better with motion. Exam showed unchanged findings of non-tender joints with improved finger motion. The request(s) for Additional PT 2x6 to L thumb, middle, and index finger and Additional 2 month rental of Dynasplint were non-certified on 12/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (PT) 2x6 to L thumb, middle, and index finger: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines Post-amputation: Amputation of thumb without replantation [DW].

Decision rationale: The request(s) for Additional PT 2x6 to L thumb, middle, and index finger and Additional 2 month rental of Dynasplint were non-certified on 12/9/14. The Post-surgical treatment guidelines for thumb/digit amputation allow for 24 visits over 2 months with postsurgical physical medicine treatment period of 4 months. The patient had completed at least 24 OT visits for the partial thumb amputation with noted improved motion in all digits. Submitted reports have not adequately demonstrated any failed conservative care or post-operative complications to support for further therapy beyond recommendations of guidelines for treatment course that should be transitioned to a home exercise program. The Additional PT 2x6 to L thumb, middle, and index finger is medically necessary and appropriate.

Additional 2 month rental of Dynasplint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, & Hand, Static progressive stretch (SPS) therapy, page 178

Decision rationale: This 66 year-old patient sustained a crush injury to the left hand on 6/24/14 from being caught between two rollers while employed by [REDACTED]. Request(s) under consideration include Additional PT 2x6 to L thumb, middle, and index finger and Additional 2 month rental of Dynasplint. Diagnoses include s/p partial thumb amputation with hardware removal of left index and middle finger on 7/20/14. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient has completed at least 24 post-op occupational therapy visits and 2 months of Dynasplint rental. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/18/14 from the provider noted patient doing better with motion. Exam showed unchanged findings of non-tender joints with improved finger motion. The request(s) for Additional PT 2x6 to L thumb, middle, and index finger and additional 2 month rental of Dynasplint were non-certified on 12/9/14. Guidelines recommend Static progressive stretch (SPS) therapy with use of mechanical devices for joint stiffness and contracture. The device is to be worn across a stiff, contracture joint and provide incremented tension in order to increase range of motion. Criteria for the use of static progressive stretch (SPS) therapy may be considered for up to 2 months for conditions to include joint stiffness caused by immobilization, contractures when passive ROM is restricted, and for healing soft tissue that can benefit from constant low-intensity tension. Use of SPS include patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis, none indicated here. Submitted reports have not clearly demonstrated range of motion restrictions, failed therapy, or ADL limitations to support for additional rental beyond guidelines criteria of 2

months already rendered. The Additional 2 month rental of Dynasplint is not medically necessary and appropriate.