

Case Number:	CM15-0111727		
Date Assigned:	06/18/2015	Date of Injury:	02/10/2014
Decision Date:	07/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 26 year old male, who sustained an industrial injury on 2/10/14. The injured worker was diagnosed as having a traumatic laceration and crush injury to the right hand requiring surgical intervention and disuse atrophy. Treatment to date has included surgery, physical therapy and home exercise program. Currently, the injured worker complains of constant pain and discomfort in the right hand and wrist (described as sore) and intermittent numbness. The injured worker also reports cervical spine pain with radicular symptoms to the right shoulder and difficulty with range of motion. The injured worker rates his cervical spine pain 6/10. The injured worker is currently on modified work duty (restricted use of his right arm and hand, no climbing or crawling). The injured worker underwent excisional debridement and tendon repair from donor sites due to the industrial injury. He has engaged in physical therapy to improve function to his right hand and per documentation dated 3/20/15, the injured worker is showing progress with range of motion. The injured worker reports he is actively engaging in home exercise. He is not taking any prescription medications. A request for occupational therapy is requested at 2 times per week for 4 weeks to the right upper extremity to improve range of motion and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 4 weeks right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Forearm, Wrist & Hand Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2014 with a laceration and crush injury to the right hand. There is reported disuse atrophy. He has had extensive past therapy, and is on a home exercise program. Despite the established home exercise program, the reversion to skilled therapy would hope to improve range of motion and decrease pain. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient, over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. There is a well established home exercise program that can meet the same objectives as re-introducing formal occupational therapy. This request for more skilled, monitored therapy is appropriately not medically necessary.