

<b>Case Number:</b>	CM15-0112812		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California

Certification(s)/Specialty: Emergency 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 41 year old male who sustained an industrial injury on 8/22/14 when his left hand was hit by a grinder causing immediate pain to the left hand and arm with numbness and bleeding. He was medically evaluated and had x-rays of the left hand, physical therapy with relief, medications and modified work (10/21/14). He was transferred to a different physician group and had x-rays of the left hand and physical therapy again (3/26/15). He currently complains of intermittent achy pain of the left hand with swelling, numbness and tingling of the left hand and fingers. The pain radiates to the left wrist and fingers with weakness. His pain level was 7-8/10. He has sleep difficulties. He has difficulty performing activities of daily living due to problem with fine manipulation and handling objects. On physical exam of the left hand there was swelling, tenderness, positive Finkelstein's test (left), inability to make a fist. Diagnosis was left wrist dorsal laceration. Treatments to date include physical therapy. Diagnostics include x-ray of the left hand (4/28/15) showing a metallic density over medial aspect of the hand soft tissue. In the progress note dated 4/24/15 the treating provider's plan of care included requests for x-rays of the left hand to establish the presence of dislocation or fractures; physical therapy for the left hand twice per week for three weeks for strengthening, increase range of motion and decrease pain; consult with hand specialist for possible injection and/ or surgical considerations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of left hand:** 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 (ODG), forearm, wrist and hand (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient has chronic wrist/hand pain. Patient already has a prior x-ray with a pending MRI. It is unclear how an X-ray will change management. X-ray of the left hand is not medically necessary.

**Physical therapy 2 times a week for 3 weeks to the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented 14 PT sessions was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Guidelines recommend a maximum of 10 PT sessions for the patient's diagnosis. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions are not medically necessary.

**Consultation and treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** As per ACOEM guidelines, Referral for hand surgery consultation may be indicated for patients who, have red flags of a serious nature or fail to respond to conservative management, including worksite modifications. Patient has undergone physical therapy with no significant improvement in symptoms. Primary provider is a chiropractor. Referral and management by a hand specialist is medically necessary.