

Case Number:	CM15-0115769		
Date Assigned:	06/24/2015	Date of Injury:	04/04/2014
Decision Date:	07/23/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/16/2015

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: Physical Medicine & Rehabilitation

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 53 a year old male who sustained an industrial injury on 4/4/14. Diagnosis is sprain of hands, not otherwise specified. In a report dated 2/26/15, the treating physician notes the injured worker has not improved significantly. The chief complaint is left hand pain. He reports that following the left stellate ganglion block, done 2/13/15, he had significant sweating on the left side of his body with increasing temperature in the left arm and some swelling in the left arm. He reports that since the injection, he is not able to move mostly the left fifth finger with some movement noted in the left fourth finger. His pain has not changed and is described as pins and needles, tingling and numbness, is constant and rated as 8/10. He has allodynia and hyperesthesia, where gentle touch causes the pain to increase. He is not in any active therapy. Exam of the left hand notes a splint in place. There is slight edema over the dorsum of the left hand including the dorsum of his fingers. No difference in temperature is noticed in comparison of the left and right hand. Active range of movement of the left hand shows movement only in the fourth and fifth finger, is unable to make a fist and there is a gap of about 5 inches from the palm of his hand. There is decreased sensation in the left hand. Medications this visit are Cymbalta 30 mg #30 and Voltaren Gel. The plan is noted as consider repeating the stellate ganglion block at some point to try to get more function of the left hand and occupational therapy to work on desensitizing techniques leading to increased range of movement and muscle strengthening. He reports he was off the Celebrex as it did not help him. He continued on Lyrica and Nortriptyline at current doses with additional Cymbalta and Voltaren Gel. In a report dated 4/9/15, a treating physician notes the injured workers condition since the last exam has

improved, but slower than expected. Work status is noted as a return to work with limitations as of 4/9/15. Previous treatment includes a left stellate ganglion block -2/13/15, Lyrica, Cymbalta, Nortriptyline, Spica brace, and home exercise program. The treatment plan is to continue therapy 2 times a week for 3 weeks and a referral for a ganglion block. The requested treatment is occupational therapy 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Physical Therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy, pages 98-99.

Decision rationale: Occupational therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified occupational therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further occupational therapy when prior treatment rendered has not resulted in any functional benefit. The Occupational Therapy, 2 times wkly for 3 wks, 6 sessions is not medically necessary and appropriate.