

<b>Case Number:</b>	CM15-0117891		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on 04/05/2010 when a paper cutter amputated the right hand through the metacarpals. The injured worker was diagnosed with post traumatic amputation, right hand stiffness and depression. The injured worker underwent multiple surgical reconstruction procedures with re-plantation of the right thumb, index, long and ring finger, free flap from the left arm and debridement of the left elbow for scar tissue. Latest surgery was noted in November 2013. Treatment to date has included diagnostic testing, surgery, physical therapy, home exercise program, splinting, Functional Capacity Evaluation (FCE) in February 2015, hand therapy since the latest surgery and medications. According to the primary treating physician's progress report on May 26, 2015, the injured worker has increased right hand stiffness. The injured worker reported poor but acceptable function of the right hand with lack of distal interphalangeal flexion and tip-to-tip pinch between the thumb and index finger. The injured worker does have some pinch strength between the thumb and index finger with some pain about the right hand and hypersensitivity over the dorsum of the hand. Examination of the left elbow demonstrated tenderness to palpation at the insertion of the extensor carpi radialis brevis (ECRB) tendon at the lateral epicondyle. Sensation is grossly intact in the left upper extremity. There was no significant pain with resisted wrist extension. The right hand demonstrated significant stiffness of the thumb and digits with decreased sensation. There was active motion of the thumb in a pinching movement toward the index finger when the thumb hits the middle phalanx. The injured worker cannot perform tip-to-tip and has limited motion of the lesser digits, mostly through the metacarpophalangeal joint.

Stiffness of the interphalangeal joints of the lesser digits was prominent. Pulses and capillary refill were within normal limits. Current medication is listed as Ambien. Treatment plan consisted of discussion of a steroid injection to the left elbow (declined by injured worker), further surgery and the current request for static progressive custom orthotic splinting with 12 occupational therapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Static/progressive custom orthotic:** 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), Forearm, Wrist & Hand, Static Progressive Stretch (SPS) Therapy.

**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 and hand section; Static progressive stretch therapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, static progressive stretch therapy (SPS), custom orthotics is not medically necessary. The criteria for SPS may be considered appropriate for up to eight weeks for one of the following conditions: joint stiffness caused by immobilization; establish contractures when passive range of motion is restricted; and healing soft tissue that can benefit from constant low intensity tension. SPS uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractor joint to provide incremented tension in order to increase range of motion. In this case, the injured worker's working diagnoses are status post re-implantation of thumb, index, long and ring finger. The date of injury is April 5, 2010. The injured worker has four right hand function with significant stiffness of the thumb and lesser digits. Given the injured worker's significant joint stiffness secondary to the injured worker's complex injury and amputation of the hand, the use of static progressive therapy for custom orthotics would be most appropriate and necessary. The documentation does not contain a timeframe for use. The guidelines recommend up to eight weeks of treatment. The utilization review indicates the utilization provider and treating provider had a successful peer-to-peer conference call and agreed with partial certification of static progressive stretch therapy for eight weeks. Consequently, absent clinical documentation with the timeframe for SPS, static progressive stretch therapy (SPS), custom orthotics is not medically necessary.

**12 occupational therapy sessions:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 occupational therapy visits are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post re-implantation of thumb, index, long and ring finger. According to the utilization review, injured worker received more than 365 sessions of occupational therapy and continues to have significant functional deficits of the right hand. The treating provider is now requesting an additional 12 sessions of occupational therapy. A review of the medical record does not quantitate the specific number of physical therapy sessions received by the injured worker. As noted above, the patient will be using static progressive stretch therapy/custom orthotics for eight weeks. According to the utilization review, an additional two sessions of occupational therapy would be indicated to properly instruct and educate the injured worker on the proper use of static progressive custom orthotics. Utilization review provider successfully initiated a peer-to-peer conference call with the treating provider. The providers were in agreement in regards partial certification for occupational therapy times two sessions to properly instruct the injured worker and educate on the proper use of static progressive custom orthotic. Consequently, absent compelling clinical documentation and treatment in excess of the recommended guidelines (occupational therapy), 12 occupational therapy visits are not medically necessary.