

Case Number:	CM15-0172246		
Date Assigned:	09/21/2015	Date of Injury:	03/06/2015
Decision Date:	10/29/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	09/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male who sustained an industrial injury on 3-6-15. A review of the medical records indicates he is undergoing treatment for a history of left upper extremity burns - status post skin grafting, lumbar spine sprain and strain - rule out herniated lumbar discs, clinical right lower extremity radiculopathy, right knee sprain and strain - rule out internal derangement, and psychological sequelae - possibly secondary to industrial injury. Medical records (3-26-15 to 7-21-15) indicate that the injured worker underwent grafting of the dorsal aspect of his left hand following an industrial burn. He wears a glove to prevent hypertrophic scar formation and complains of persistent left wrist pain. On exam, he was noted to have decreased range of motion and "slight swelling" in the left wrist. He has completed at least 12 sessions of postoperative physical and occupational therapy for the left wrist. Diagnostic studies regarding his left wrist have included an x-ray of the left wrist. Treatment has included physical and occupational therapy, as well as oral pain medications. The utilization review (7-31-15) indicates a request for authorization of occupational therapy 3 times per week for 4 weeks. The determination was to deny the requested treatment, indicating that the injured worker has completed "18 postoperative OT sessions" and "He has attended an adequate amount of therapy to establish a home program".

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the left hand 3 times a week for 4 weeks, quantity: 12 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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, Physical/occupational therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of 'passive care' (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The ODG guidelines do not address the recommended quantity of occupational therapy for upper extremity burns and skin grafting. However, it is noted per the medical records, that the injured worker is status post skin grafting to his left hand 3/17/15 and he has undergone 12 sessions of hand therapy. At this point in time, the injured worker should have been transitioned to self-directed home based therapy. The request for 12 additional sessions is not medically necessary.