

Case Number:	CM15-0176246		
Date Assigned:	09/17/2015	Date of Injury:	12/18/2014
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 30 year old male who sustained an industrial injury December 18, 2014. While working as a police officer and pulling over a man on the highway, the man chased him with a machete. The injured worker shot himself accidentally while drawing his gun. He sustained a gunshot wound to the left medial knee and machete wounds to the right lateral knee, left forearm, left hand, left middle finger amputated, and left face. There was no loss of consciousness during the attack. He was admitted to the hospital for 2 days and underwent closure of fascial laceration and knee laceration; irrigation and debridement of complex laceration to the left hand and forearm; irrigation and debridement of open distal ulnar fracture left hand; revision of amputation of the left long finger through the DIP(distal interphalageal) joint; open reduction internal fixation of left ulnar shaft fracture with primary repair of flexor digitorum profundus to the left small and ring fingers; primary repair to the flexor carpi ulnaris, left hand, primary repair of the extensor carpi ulnaris, left hand, repair of partial ulnar nerve laceration, left hand, repair of abductor pollicis brevis, left hand; carpal tunnel release left hand; complex wound closure left hand. According to a treating physician's progress notes dated August 4, 2015, the injured worker presented as a follow-up to the gunshot injury. Physical examination revealed; normal range of motion of extremities; vascular-peripheral pulses normal; neurological exam- positive Phalen's, Tinel's reverse Phalen's, and compression over median nerve, also numbness in the fourth and fifth finger, left hand; gait is normal, he cannot squat or kneel on the left knee, pain in the popliteal fossa. There is left arm weakness and pain in the left forearm. Assessments are gunshot injury; amputated finger; ulna fracture; nerve

laceration; carpal tunnel syndrome; ulnar neuropathy. At issue, is the request for authorization for Work Hardening- Conditioning Program, with a FIT to follow and functional work test program per day Quantity: 30, physical therapy sessions x 12 and an EMG of the left upper extremity. According to utilization review dated August 18, 2015, the request for Work Hardening-Conditioning with a FIT to follow and a functional work test program per day Quantity: 30 was non-certified. The request for Physical Therapy sessions Quantity: 12 were been modified to Physical Therapy sessions Quantity: 6. The request for an EMG Left Upper Extremity Quantity: 1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/conditioning with a FIT to follow and a functional work test program per day qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: The claimant sustained a work injury in December 2014 while working as a police officer with injuries including a right knee laceration, left knee gunshot wound, left ulnar fracture treated with ORIF, and amputation of the third finger of his left hand. He underwent a left carpal tunnel release. He was hospitalized for two days. He had physical therapy and had completed five of 12 treatment sessions as of 02/04/15. Authorization for 12 sessions of physical therapy and 12 sessions of occupational therapy to treat his separate injuries were requested. On 06/05/15 an additional 15 physical therapy treatments were requested. He was progressing steadily with treatments and wanted to continue. He was able to run but was having pain and was unable to squat. An additional nine occupational therapy treatments were requested on 06/15/15. He continued to participate in physical therapy treatments as of 07/07/15. On 08/17/15, he had reached the maximum treatments for his hand. Physical examination findings included normal gait. He was unable to squat or kneel on his left knee and had popliteal pain. He had ongoing left arm weakness and left forearm pain. There was positive Tinel's and Phalen's testing with fourth and fifth finger numbness. Recommendations were for additional physical therapy, 30 days of work hardening, and a left upper extremity EMG. An MRI of the left knee on 06/29/15 was normal. The purpose of work conditioning/hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains and up to 10 visits over 4 weeks, equivalent to up to 30 hours, can be recommended. In this case, the number of initial sessions being requested is in excess of the guideline recommendation or what would be expected to be needed to determine whether continued treatment was necessary or likely to be effective. The request that was submitted is not medically necessary.

Physical therapy sessions qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical 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) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in December 2014 while working as a police officer with injuries including a right knee laceration, left knee gunshot wound, left ulnar fracture treated with ORIF, and amputation of the third finger of his left hand. He underwent a left carpal tunnel release. He was hospitalized for two days. He had physical therapy and had completed five of 12 treatment sessions as of 02/04/15. Authorization for 12 sessions of physical therapy and 12 sessions of occupational therapy to treat his separate injuries were requested. On 06/05/15 an additional 15 physical therapy treatments were requested. He was progressing steadily with treatments and wanted to continue. He was able to run but was having pain and was unable to squat. An additional nine occupational therapy treatments were requested on 06/15/15. He continued to participate in physical therapy treatments as of 07/07/15. On 08/17/15, he had reached the maximum treatments for his hand. Physical examination findings included normal gait. He was unable to squat or kneel on his left knee and had popliteal pain. He had ongoing left arm weakness and left forearm pain. There was positive Tinel's and Phalen's testing with fourth and fifth finger numbness. Recommendations were for additional physical therapy, 30 days of work hardening, and a left upper extremity EMG. An MRI of the left knee on 06/29/15 was normal. In this case, the claimant has already had extensive physical therapy for his knee. He has a normal MRI. The number of additional visits being requested is in excess of that recommended or what would be expected to be needed to finalize a home exercise program and does not reflect a fading of skilled therapy treatments. No new therapeutic content is being requested. Additional physical therapy is not medically necessary.

EMG left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic), Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in December 2014 while working as a police officer with injuries including a right knee laceration, left knee gunshot wound, left ulnar fracture treated with ORIF, and amputation of the third finger of his left hand. He underwent a left carpal tunnel release. He was hospitalized for two days. He had physical therapy and had completed five of 12 treatment sessions as of 02/04/15. Authorization for 12 sessions of physical

therapy and 12 sessions of occupational therapy to treat his separate injuries were requested. On 06/05/15 an additional 15 physical therapy treatments were requested. He was progressing steadily with treatments and wanted to continue. He was able to run but was having pain and was unable to squat. An additional nine occupational therapy treatments were requested on 06/15/15. He continued to participate in physical therapy treatments as of 07/07/15. On 08/17/15, he had reached the maximum treatments for his hand. Physical examination findings included normal gait. He was unable to squat or kneel on his left knee and had popliteal pain. He had ongoing left arm weakness and left forearm pain. There was positive Tinel's and Phalen's testing with fourth and fifth finger numbness. Recommendations were for additional physical therapy, 30 days of work hardening, and a left upper extremity EMG. An MRI of the left knee on 06/29/15 was normal. Electrodiagnostic testing (EMG/NCS) is generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has findings of couple tunnel syndrome and sustained a left ulnar fracture and has complaints also consistent with ulnar neuropathy at the elbow. Although EMG (electromyography) is being requested, it is clear that both electromyography and nerve conduction studies are to be done. The request is medically necessary.