

Case Number:	CM15-0177963		
Date Assigned:	09/18/2015	Date of Injury:	11/19/2014
Decision Date:	12/01/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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, 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 34 year old female, who sustained an industrial injury on 11-19-2014. She reported a right index finger laceration and fracture from a slicing machine. Diagnoses include open wound over right index finger with tendon injury, open fracture right index finger proximal phalanx, status post repair of extensor tendon injury and debridement. Treatments to date include activity modification, dynasplint, anti-inflammatory, physical therapy, and home exercise. Currently, she complained of stiffness and decreased range of motion of the right index finger. On 8-3-15, the physical examination documented limitation of range of motion at the PIP and DIP joint. There was joint tethering and tethering of the extensor tendon. The plan of care included surgery for possible scar contracture release of the joint and tendon of the right index finger. The appeal requested authorization for eight physical therapy sessions, (including electrical stimulation, paraffin bath, and therapeutic procedure), twice a week for four weeks to treat the right index finger. The Utilization Review dated 8-11-15, denied the request stating "the number of visits and progress made toward functional goals was not provided" per California MTUS Guidelines, ACOEM Guidelines and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times weekly, right index finger per 6/16/2015 Qty: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it appears that conservative treatment has been exhausted and surgery is being recommended. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Electrical stimulation, 2 times weekly, right index finger per 6/16/2015 Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for Electrical stimulation, 2 times weekly, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions which likely included electrical stimulation, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy including electrical therapy. Additionally, it appears that conservative treatment has been exhausted and surgery is being recommended. In light of the above issues, the currently requested Electrical stimulation, 2 times weekly is not medically necessary.

Paraffin bath, 2 times weekly, right index finger per 6/16/2015 Qty: 8.00: 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 and Hand - Paraffin wax baths.

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 Chapter, Paraffin wax baths.

Decision rationale: Regarding the request for Paraffin bath, 2 times weekly, right index finger, California MTUS does not address the issue. ODG cites that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). Within the documentation available for review, there is no documentation of arthritic hands. Additionally, it appears that conservative treatment has been exhausted and surgery is being recommended. As such, the currently requested Paraffin bath, 2 times weekly, right index finger is not medically necessary.

Therapeutic procedure, 2 times weekly, right index finger per 6/16/2015 Qty: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for Therapeutic procedure, 2 times weekly, right index finger, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear what is being requested but it seems to be related to the additional therapy request. There is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it appears that conservative treatment has been exhausted and surgery is being recommended. In light of the above issues, the currently requested Therapeutic procedure, 2 times weekly, right index finger is not medically necessary.