

Case Number:	CM15-0029004		
Date Assigned:	02/23/2015	Date of Injury:	11/21/2013
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on November 21, 2013. He has reported right hand pain constant in frequency and spreading across the back of the hand and palm with numbness in the 4th digit and decreased strength and flexibility. The diagnoses have included traumatic amputation of the finger with a complicated initial encounter. Treatment to date has included radiographic imaging, diagnostic studies, functional exams, surgical intervention of the finger, ray amputation of the finger, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of right hand pain constant in frequency and spreading across the back of the hand and palm with numbness in the 4th digit and decreased strength and flexibility. The injured worker reported an industrial injury in 2013, resulting in chronic pain in the right hand. It was noted the initial encounter was difficult. He reported a laceration to the right hand digit after trying to push on a fork lift. Surgical intervention was attempted to save the digit however the attempt failed. He returned for a Ray amputation of the right digit. Since the injury the pain has been persistent in spite of conservative and invasive treatments. Evaluation on January 27, 2015, revealed continued pain. Occupational therapy was requested. On January 30, 2015, Utilization Review non-certified a request for Occupational therapy 2 times a week for 6 weeks (12 sessions), noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of requested Occupational therapy 2 times a week for 6 weeks (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, wrist, and hand Page(s): 18-19.

Decision rationale: The request for occupational therapy twice weekly for 6 weeks (12 visits) was non-certified by utilization review on 1/30/15 based on lack of evidence for functional improvement given lack of documentation from prior occupational therapy treatment. The provided records currently include several recent progress notes describing very general improved range of motion in the right digits (Nov 19, 2014) as well as increase in active and passive range of motion per occupational therapy report (Nov 26, 2014). More objective measures of functional improvement would be valuable in this case, as would some indication of active participation in a home exercise program. While neuroma excision surgery is not addressed specifically in the MTUS, the guidelines state for other cases that with documentation of functional improvement, a subsequent course of therapy may be prescribed. If it is determined that additional functional improvement can be accomplished, therapy may be continued to the end of a postsurgical physical medicine period, which in this case may be assumed to be up to six months. While it has been over one year since the revision surgery (January 2014), it is possible that continued therapy may be reasonable in this patient, but thorough evaluation for efficacy must be a key component of the plan. Therefore, without further information, the frequency and duration to include 12 visits without further evaluation for efficacy make the request not medically necessary at this time.