

<b>Case Number:</b>	CM15-0068655		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, Florida, California  
 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 19 year old male, who sustained an industrial injury on September 25, 2014. He reported right hand pain. X-rays were obtained on September 29, 2014. He was initially treated with a splint and pain medication. The injured worker was diagnosed as having a history of malunion of a right 5th metacarpal fracture and status post right 5th metacarpal osteotomy on January 21, 2015. Diagnostics to date has included urine drug screening and x-rays. Treatment to date has included a short arm cast, postoperative occupational therapy, and pain medication. On February 26, 2015, the injured worker complains of discomfort radiating up the arm with numbness and tingling extending down the extremity. The physical exam revealed minimal tenderness over the metacarpal osteotomy site, perfect alignment of the digit with restricted range of motion, tenderness over the supraclavicular fossa with a positive compression test, and persistent decreased right grip strength. The treatment plan includes additional hand therapy twice a week for two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Post Operative Hand Therapy visits to the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** This claimant was injured 8 months ago with a fracture, and had a right hand fifth metacarpal osteotomy. The claimant had a short arm cast and occupational therapy, and still had pain, but no obvious functional deficits. The objective functional improvements out of previous therapy is not known. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.