

Case Number:	CM16-0248233		
Date Assigned:	01/05/2017	Date of Injury:	10/22/2016
Decision Date:	02/02/2017	UR Denial Date:	12/20/2016
Priority:	Standard	Application Received:	12/27/2016

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, 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 48 year old male, who sustained an industrial injury on 10-22-2016. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left hand injury with fracture of the 5th finger. Medical records (10-22-2016 to 12-07-2016) indicate ongoing stiffness in the left fingers. Records also indicate significant improvement in pain and functioning since surgery and with therapy. Per the treating physician's progress report, the IW can return to work with restrictions. The physical exam, dated 11-23-2016, revealed some stiffness and limited range of motion in the left fingers. Relevant treatments have included: left hand surgery (10-22-2016), physical therapy, work restrictions, and medications. The request for authorization (received on 12-08-2016) shows that the following 12 additional therapy sessions for left hand were requested: 12 additional therapy sessions for left hand. The original utilization review (12-20-2016) partially approved the request for 12 additional therapy sessions for left hand which was modified to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation for left hand therapy 2 times a week for 6 weeks (12 sessions) was the original request. Continuation for left hand therapy for 6 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, continuation for left hand therapy for 6 sessions is: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Physical/Occupational therapy.

Decision rationale: Per MTUS CPMTG regarding physical medicine treatment: Recommended as indicated below. Physical medicine encompasses interventions that are within the scope of various practitioners (including Physical Therapy, Occupational Therapy, Chiropractic, and MD/DO). Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) is not indicated for addressing chronic pain in most instances; refer to the specific modality within these guidelines (e.g., massage, ultrasound). Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Refer to the specific intervention within these guidelines (e.g., exercise.). This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Patients should be formally assessed after a "six-visit clinical trial" to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. 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." Per the ODG guidelines: Fracture of one or more phalanges of hand (fingers) (ICD9 816): Minor, 8 visits over 5 weeks; Post-surgical treatment: Complicated, 16 visits over 10 weeks. Per the medical records submitted for review, the injured worker underwent surgery for an open proximal phalanx fracture of his left small finger. As the guidelines recommend 8 visits over 5 weeks, an additional 6 visits is in excess of the guidelines. The request is not medically necessary.