

Case Number:	CM13-0006021		
Date Assigned:	06/06/2014	Date of Injury:	12/04/2000
Decision Date:	07/23/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 12/4/2000. No mechanism of injury was provided. Patient underwent flexor tenolysis of R index finger on 2/18/2013 and had reported post-operative physical/occupational therapy. Patient had apparently completed up to 24 sessions of therapy. Pt has other medical problems and pain related issues that are not related to this review. Multiple medical records from primary treating physician and consultants reviewed. Last report available until 7/3/13. Pt has been "making gradual progress". No pain to hand was reported. Other complains including neck, shoulder and back pains are not relevant to this review. Objective exam on 7/3/13 reveals no tenderness, 65degrees PIP flexion with pressure to A2 pulley. Pt continues to wear ring splint. Other exams and assessments on records are not relevant to this review. Prior exam on 5/22/13 showed 30degree active flexion at PIP and up to 50degree with pressure of R index finger. No medical list or advance imaging were provided. Utilization review is for Occupational Therapy 3times a week for 4weeks(12total) for R index finger post surgery. Prior UR on 7/15/2013 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY 3XWK TIMES 4WKS, RIGHT INDEX FINGER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): <20>.

Decision rationale: As per MTUS Postsurgical Treatment Guidelines, pt may receive up to 30 therapy sessions over an 8months period after the surgical procedure. Pt has already completed 24sessions and another 12sessions were requested. The requested number of sessions exceed the number set by the MTUS Postsurgical guidelines. The end-goal of therapy is also not clearly stated. While pt is making "progress", there is no documentation of what the end point of therapy would be. The requested number of sessions requested is not medically necessary and documentation does not support additional sessions.