

Case Number:	CM13-0033100		
Date Assigned:	12/11/2013	Date of Injury:	05/31/2012
Decision Date:	03/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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.

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 patient is a 45-year-old male who reported an injury on 05/31/2012 due to a crushing injury. The patient reportedly sustained injury to the right hand. The patient ultimately developed complex regional pain syndrome of the right 2nd and 3rd digits. The patient's clinical findings documented that there was a right index fingernail split, which ultimately resulted in infection and the need for amputation. The patient underwent post-surgical occupational therapy status post the partial amputation of the right hand index finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Occupational/Physical Therapy - additional 3x3 sessions to the right hand index finger status post partial amputation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The requested occupational physical therapy (additional) for 3 times 3 sessions to the right hand index finger status post partial amputation is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously participated in 4 sessions of occupational therapy. The California Medical Treatment Utilization Schedule does recommend up to 14 sessions of physical therapy for this type of

surgical intervention. However, as the patient has previously participated in 4 sessions of physical therapy post surgically, the additional requested therapy would need to be based on objective functional improvement. The clinical documentation submitted for review does not provide any evidence that the prior therapy provided any functional improvement or pain relief. There were no objective measures provided to quantitatively assess the patient's improvements. Therefore, additional occupational therapy would not be indicated. As such, the requested decision for occupational/physical therapy (additional) 3 times 3 sessions to the right hand index finger status post partial amputation is not medically necessary or appropriate.