

<b>Case Number:</b>	CM13-0034153		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois and Texas. 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. 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:

The patient is a 47-year-old male who reported injury on 02/23/2013. The mechanism of injury was stated to be the patient was working on a big job; put a pallet on a top shelf, and his hand got stuck between the handle and the movable rack, injuring the left hand. The patient was noted to have undergone several physical therapy sessions and had noted improvement; however, the patient was noted to have continued pain. The physical examination revealed the patient had swelling over the Proximal Interphalangeal Joints (PIP) and MCP joints. The patient's range of motion at the Metacarpal-Phalangeal (MCP) joint was 0 degrees to 70 degrees, PIP joint 5 degrees to approximately 65 degrees, and at the Distal Interphalangeal (DIP) joint was 0 degrees to 80 degrees. The patient's diagnosis was noted to include joint pain NEC. The request was made for additional occupational therapy 2 times a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY (OT) for the left hand and middle finger, two (2) times per week over six (6) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web-based, Hand Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

**Decision rationale:** CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis. However, this guideline is not specific to the phalanges. As such secondary guidelines were sought. Official Disability Guidelines indicates that the treatment for a fracture of one or more phalanges of hand (fingers) (ICD9 816): are 8 visits and if the treatment exceeds guideline recommendations, there should be documentation of exceptional factors. The clinical documentation submitted for review indicated the patient had multiple sessions of physical therapy and had noticed improvement. However, there was a lack of documentation of objective improvement and remaining functional deficits. Additionally, there was a lack of documentation indicating the number of sessions that had been provided and the patient should be well versed in a home exercise program. Given the above and the lack of documentation, the request for OCCUPATIONAL THERAPY (OT) for the left hand and middle finger, two (2) times per week over six (6) weeks is not medically necessary.