

Case Number:	CM13-0041969		
Date Assigned:	12/20/2013	Date of Injury:	06/19/2013
Decision Date:	02/20/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

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 & Rehabilitation and is licensed to practice in New York 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 reported an injury on 06/19/2013. The patient was attempting to lift a box off a pallet when the box slipped out of the patient's hand and landed on the patient's 5th digit. The patient underwent an x-ray that revealed a chip fracture and sprain of the 5th digit. The patient was conservatively treated with occupational therapy, physical therapy, and medications. The patient's most recent clinical examination findings included swelling of the central PIP joint, and an inability to fully flex the patient's finger. It was documented that the patient had completed approximately 3 out of 6 sessions of occupational therapy. Additional occupational therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for occupational therapy 2 x 4 right 5th finger: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

Decision rationale: The requested occupational therapy, 2 times a week for 4 weeks for the right 5th finger is not medically necessary or appropriate. Clinical documentation submitted for

review does provide evidence that the patient has had extensive occupational physical therapy. The most recent documentation indicates that the patient has completed 3 out of 6 approved visits. California Medical Treatment Utilization Schedule recommends the continuation of therapy be based on evidence of functional improvement. Therefore, the efficacy of the patient's current therapy would need to be provided to establish the need for further occupational therapy. Additionally, it is noted within the documentation that the patient is participating in a home exercise program. There are no barriers noted within the documentation to preclude further progress of the patient while participating in an independent exercise program. As such, the requested occupational therapy 2 times a week for 4 weeks for the right 5th finger is not medically necessary or appropriate.