

Case Number:	CM13-0042208		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2013
Decision Date:	02/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old male who reported an injury on 09/06/2013 due to cutting his right middle finger while cutting a piece of wood. The patient avulsed a piece of the volar tip and fractured his distal phalanx. The patient underwent closed reduction of the right middle finger and a full thickness skin graft over the volar tip of the middle finger. The patient was treated postsurgically with occupational therapy. The patient's most recent clinical examination findings included continued pain and swelling of the middle finger with range of motion deficits. The patient's diagnosis included right middle finger distal phalanx fracture and avulsion. The patient's treatment plan included continuation of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function Chapter, page 114, and ODG, Forearm/Wrist/Hand Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The requested occupational therapy 2 times a week for 8 weeks is not medically necessary or appropriate. Chronic Pain Medical Treatment Guidelines recommends up to 16 visits of postsurgical occupational or physical therapy. The clinical documentation submitted for review does indicate that the patient has received a full course of occupational therapy. However, the patient continues to have some minor deficits and pain complaints that may benefit from continued therapy. However, the requested 2 times a week for 8 weeks would be considered excessive and not allow for timely re-assessment and re-evaluation to establish continued need for additional therapy. As such, the requested occupational therapy 2 times a week for 8 weeks is not medically necessary or appropriate