

<b>Case Number:</b>	CM13-0043875		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

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

The injured worker is a 57 year old male who reported an injury on 05/23/2013 secondary to a crush injury. The diagnoses included crush injury of the left ring and small finger with fracture and joint space narrowing at the proximal interphalangeal joint and significant overall hand stiffness. The injured worker was evaluated on 09/25/2013 for evaluation of injury with loss of mobility in the left hand. The exam of the left upper extremity noted overall swelling of the small and ring fingers. The range of motion of the small finger is MP joint 0-55 degrees, PIP joint -45 to 50 degrees and DIP joint 0-30 degrees. The exam also noted there is a lack of expectation of success of more therapy. The treatment plan included a steroid dose and continued therapy. The request for authorization for was not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUED OCCUPATIONAL THERAPY FOR RIGHT SMALL FINGER (12 SESSIONS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Forearm, Wrist, and Hand Chapter, Physical Therapy.

**Decision rationale:** The California MTUS Guidelines state that 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. The Official Disability Guidelines recommend therapy after surgery. The guidelines recommend a total of 9 visits over 8 weeks. There is a lack of evidence of efficacy of prior therapy. The exam noted a lack of expectation of success with more therapy. Furthermore, the request is for a total of 12 visits which exceeds the recommended number of visits. Therefore, the request is not medically necessary.