

Case Number:	CM13-0046934		
Date Assigned:	12/27/2013	Date of Injury:	03/28/2013
Decision Date:	04/25/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 34-year-old male with date of injury 03/28/2013. Per treating physician's report 10/09/2013, these listed diagnoses are: Subacute tendon laceration left long finger with mallet/swan neck deformity, subacute tendon laceration left ring finger with intact central slip/no mallet finger deformity but persistent open wound. Interval history states that the patient has not attended any therapy since his last visit and wanted to talk about the purpose of therapy prior to recommended treatment. Review of the radiographs showed no fracture dislocation or masses or arthritic changes. Occupational therapy with certified hand therapist was recommended to improve long finger active range of motion. After stiffness in the PIP joint is corrected, he would consider surgical treatment to repair swan neck deformity of the long finger. For ring finger, he recommended OT as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy twice a week for six weeks for the left long finger: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with tendon laceration and injury to 3rd and 4th digits. The treating physician has requested additional occupational therapy for 12 sessions. Review of the reports show that this patient has had 8 sessions of occupational therapy starting 05/28/2013, and another 20 sessions after that for a total of 28 sessions. Treating physician have asked for additional therapy indicating that there needs to be improved active and passive range of motion of the digits before additional surgery can be considered. MTUS Guidelines do not specifically

Occupational therapy twice a week for six weeks for the left ring finger: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient presents with tendon laceration and injury to 3rd and 4th digits. The treating physician has requested additional occupational therapy for 12 sessions. Review of the reports show that this patient has had 8 sessions of occupational therapy starting 05/28/2013, and another 20 sessions after that for a total of 28 sessions. Treating physician have asked for additional therapy indicating that there needs to be improved active and passive range of motion of the digits before additional surgery can be considered. MTUS Guidelines do not specifically address number of occupational therapy visitations following finger tendon laceration or injury. However, using postsurgical treatment guidelines for PIP and MCP collateral ligament reconstructions and repair, the treatment recommendation is anywhere from 12 or 18 sessions. For capsulotomy and capsulectomy of the PIP and MCP joints, 24 visits are recommended over 2 months. In this patient, the patient already has had 28 sessions of total occupational therapy to address the patient's tendon laceration and damage. There is also no discussion regarding realistic expectations of what more improvements can be obtained by providing ongoing formalized therapy. Recommendation is for denial.