

<b>Case Number:</b>	CM13-0050337		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 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 50-year-old male who reported injury on 05/09/2013. The mechanism of injury was noted to be the patient was playing basketball with students when he jammed his right ring finger. The patient was noted to have attended 6 sessions of physical therapy; however, the patient was noted to develop a PIP joint contracture. The patient was noted to undergo 6 sessions of serial casting with an occupational therapist. The patient was noted to have PIP joint postures at a 50 degree flexion contracture. The patient was noted to have active range of motion of 50 to 85 degrees, DIP range of motion of 0 to 30 degrees. There was noted to be capsular tightness of the PIP joint and the oblique retinacular ligament was noted to be tight. The impression/diagnosis was noted to be contracture of the right ring finger at the PIP joint status post dislocation. The plan was noted to be the patient had a non-functional finger and the patient could not perform a composite fist to even get the fingertip in the palm. The request previously was made for 6 sessions to obtain range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued outpatient occupational therapy one (1) time a week for six (6) weeks for the right finger:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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), Forearm, Wrist & Hand, Physical Medicine

**Decision rationale:** California MTUS Guidelines address physical therapy; however, there is lack of specific physical therapy for the finger. Official Disability Guidelines indicate the treatment of dislocation of a finger is 9 visits over 8 weeks. While it was indicated the patient had 6 visits prior to casting and 6 visits for serial casting, the patient was noted to have contractions in his finger. There was indication the patient had a lack of an ability to make a fist and the rationale for the further visits were to gain range of motion post casting. Given the above, the documentation of exceptional factors, the request for continued outpatient occupational therapy one (1) time a week for six (6) weeks for the right finger is medically necessary.