

Case Number:	CM13-0058099		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2013
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient with a date of birth [REDACTED] and a date of work injury 8/19/2013. She is right hand dominant, and worked as an office worker. She was attacked on 8/19/13 by a guard dog at work and received multiple wounds to her right hand and forearm. The patient underwent surgery on 8/21/13 to repair the metacarpal fracture and again on 9/25/13 to remove the K-wire from her right hand. Her diagnoses include a right forearm and hand dog bite with multiple lacerations and abrasions and a right fourth metacarpal open unstable comminuted fracture. There is a prospective request for authorization of 12 occupational therapy visits. A document on 8/22/13 states that 12 therapy visits are approved. An 8/19/13 x-ray of the left radius/ulna series, 2 views revealed that there is soft tissue injury over the left mid forearm. No fracture or dislocation. A right hand x-ray series revealed a comminuted fracture of the right fourth metacarpal shaft with surrounding soft tissue injury including soft tissue emphysema and swelling. There is an operative report from 9/25/13 stating the right fourth Kirschner wire removal was performed under fluoroscopy with manipulation of fourth metacarpal under fluoroscopy. Per the 10/30/13 primary physician report the patient's relevant objective findings included scars are softening down; significant scarring of soft tissue; MP joint of the ring finger has significant stiffness in extension; grip strength (in kg): right 12/12/14, left 36/36/36; hand x-rays: healing fracture of fourth metacarpal. Per the 11/27/2013 physical exam by the primary treating physician the patient reported that the right hand was feeling better, and noted right wrist pain upon use and twisting. Relevant objective findings included a healed fourth metacarpal of the right hand, good overall finger alignment with shortening, and an effaced metacarpal head and significantly limited metacarpophalangeal joint flexion. No pain was reported at that site. Pain was noted in the area of the volar surface of the right wrist approximately 1 inch proximal to volar wrist

crease corresponding to the area on the dorsum, which has a scar from the dog bites proximal to or at proximal edge of the distal radioulnar joint. No instability of the distal radioulnar joint was observed. Palpation showed the area to have some thickened tissue deep to the volar surface. The profundus and superficialis tendons were reported have independent function and the provider could not trigger pain with individual tendon testing. Ring finger motion at the proximal interphalangeal joint was measured at 100 degrees of flexion and -10 degrees of extension. Motion at the metacarpophalangeal joint was measure at 45/50 degrees of passive flexion and -15 degrees of extension. Grip force in kilograms was 28/18/18 on the right and 36/36/36 on the left. Documentation on 11/27/13 reveals physical therapy completed 27 hand therapy visits. A 12/18/13 document noted that patient had pain tor about 3 weeks and last week there was drainage of purulent discharge around the nail fold of the finger. She was given antibiotics. Her diagnoses on this date included pain, right wrist, and questionable mass versus scarring and right ring finger paronychia. A 1/10/14 MRI of the right wrist revealed a complex comminuted fracture of the fourth metacarpal bone shafts with minimal displacement of fracture fragments. The fracture does not extend to the articular surface of the distal or proximal metacarpal bone 2. Mild tenosynovitis of the fourth extensor digitorum communis tendon over the fourth metacarpal 3. Mild tendinosis of the extensor carpi ulnaris tendon 4. Mild diffuse synovial thickening about the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: 12 Occupational therapy visits (between dates 10/30/13-1/6/14) are not medically necessary per MTUS guidelines as written. For patient's surgery fracture of metacarpal bone (hand) 16 post-surgical visits are recommended. There is no documentation of an extenuating circumstance that would require an additional 12 visits. The guidelines recommend up to 16 post-surgical visits for this condition. Therefore the request for 12 occupational therapy visits is not medically necessary and not recommended to be certified as written.