

Case Number:	CM13-0070488		
Date Assigned:	01/03/2014	Date of Injury:	08/25/2011
Decision Date:	05/29/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in 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 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 26-year-old male who reported a crush injury on 08/25/2011. The current diagnoses include status post right 3rd ray amputation with neuroma and status post right index finger scar revision and excision of neuroma. The injured worker was evaluated on 07/17/2013. The injured worker was 7 weeks status post right palmar scar revision and excision of neuroma. The injured worker reported 3/5 pain with improvement in sensitivity. Physical examination revealed a well-healed palmar incision, improved motion of the index stump and ring finger, a well-healed incision at the index finger without swelling or tenderness, and normal motor and sensory examination of the right upper extremity. The treatment recommendations included continuation of physical therapy/occupational therapy twice per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OPERATIVE OCCUPATIONAL THERAPY TWICE A WEEK FOR EIGHT WEKS FOR THE RIGHT INDEX AND MIDDLE FINGER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-18, 22.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The postsurgical treatment following amputation of a finger includes 14 visits over 3 months. The injured worker has completed an unknown amount of postoperative physical therapy to date. There is no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. The current request for 16 sessions of additional occupational therapy also exceeds guideline recommendations. As such, the request is non-certified.