

<b>Case Number:</b>	CM14-0001697		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Pain Management 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 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:

This is a male patient with the date of injury of January 14, 2013. A utilization review determination dated December 19, 2013 recommends certification of occupational therapy x 4 sessions. The previous reviewing physician recommended certification of occupational therapy x 4 sessions due to the patient having had 14 sessions so far, temporary relief of pain after physical therapy, and guidelines support for 18 visits of finger amputation. An Initial Report dated October 31, 2013 identifies History of Injury of surgical amputation of the tip of the left little finger. Present Complaints identify intermittent left arm pain, which radiates to his shoulder. He has episodes of numbness and tingling in the wrist and all the digits of the left hand. He also complains of intermittent left wrist/hand/finger pain, which affects all of the digits and radiates up to his shoulder. Examination of the left wrist identifies hypersensitivity over the stump. Amputation was noted on the left fifth digit at the distal interphalangeal joint. Decreased range of motion. Palpation of the dorsal carpals revealed tenderness. Muscle strength was 4/5 on flexion, extension, radial deviation, and ulnar deviation. D4 extension PIP 45. Diagnoses include traumatic injury to the left small finger with status post revision amputation and posttraumatic arthrofibrosis of the left wrist and hand. Treatment Plan includes occupational therapy at three times a week for six weeks to the left hand and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 3 x 6 for left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, pg 114, and ODG Post Surgical Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Physical Therapy

**Decision rationale:** Regarding the request for Occupational Therapy 3 x 6 for left hand, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient is noted to have undergone 14 prior therapy visits. There is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for Occupational Therapy 3 x 6 for left hand is not medically necessary.