

<b>Case Number:</b>	CM14-0002775		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 & Rehabilitation 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:

According to the records made available for review, this is a 22-year-old female with an 8/16/13 date of injury and irrigation and debridement of bone, subcutaneous tissue, and skin open fracture left ring finger, nail bed ablation, and advancement flap for coverage of the left ring finger on 8/16/13. At the time (12/18/13) of the request for authorization for hand therapy and occupational fitness center two times per week for six weeks (twelve sessions), there is documentation of subjective (pain and sensitivity improving with therapy) and objective (wound is well healed with slight tenderness and sensitivity over the left ring amputation stump, mild stiffness, and grip strength remains diminished on the left) findings, current diagnoses (status post amputation of the left ring finger through the distal phalanx with nail bed ablation and advancement flap), and treatment to date (occupational therapy). The number of occupational therapy sessions completed to date is unknown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HAND THERAPY AND OCCUPATIONAL FITNESS CENTER TWO TIMES PER WEEK FOR SIX WEEKS (TWELVE SESSIONS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 14 visits of post-operative physical therapy over 3 months and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post amputation of the left ring finger through the distal phalanx with nail bed ablation and advancement flap. In addition, there is documentation of irrigation and debridement of bone, subcutaneous tissue, and skin open fracture left ring finger, nail bed ablation, and advancement flap for coverage of the left ring finger having taken place on 8/16/13. Furthermore, there is documentation of previous occupational therapy. However, there is no documentation of the number of occupational therapy sessions completed to date. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous occupational therapy. Therefore, based on guidelines and a review of the evidence, the request for hand therapy and occupational fitness center two times per week for six weeks (twelve sessions) is not medically necessary.