

Case Number:	CM14-0004199		
Date Assigned:	02/05/2014	Date of Injury:	05/09/2013
Decision Date:	07/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 and 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:

The injured worker is a 51 year old male who reported an injury on 05/09/2013 due to jamming his right ring finger while playing basketball with his students. The injured worker underwent PIP joint contracture surgery on 01/29/2014 to his right ring finger. The injured worker complained of stiffness and tightness. Physical examination revealed that preoperatively his joint was measuring at 50 degrees and post-operative it was measuring at 20 degrees. The injured worker demonstrated some stiffness in composite flexion. The injured worker has completed 12 sessions of occupational therapy. There was no objective clinical evidence documented on the progression of therapy. No medications at this time. The treatment plan is for application digit widget right finger and additional post-operative occupational therapy 12 visits. The rationale and request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPLICATION DIGIT WIDGET RIGHT FINGER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Mallet finger splinting (digit widget).

Decision rationale: The request for application digit widget right finger is not medically necessary. The injured worker underwent PIP joint contracture surgery on 01/29/2014 to his right ring finger. The Official Disability Guidelines recommend finger splinting, however various treatment protocols have been proposed, splinting of the distal interphalangeal joint for 6 to 8 weeks has yielded any good results while minimizing morbidity in the majority of patients. There was insufficient evidence from comparisons tested within randomized trials to establish the relative effectiveness of different, either custom-made or off-the-shelf, finger splints used for treating finger injury. Guidelines also state that splints used for prolonged immobilization should be robust enough for everyday use, and of the central importance of patient adherence to instructions for splint use. There was insufficient evidence to determine when surgery is indicated. As per guidelines, prolonged use of a Diget Widget would not benefit the injured worker. There is no evidence as to why the injured worker would not benefit from a home exercise program. Furthermore, there was weak evidence of better short term hand function with the use of a diget widget. As such, the request for APPLICATION DIGIT WIDGET RIGHT FINGER is not medically necessary.

ADDITIONAL POST OP OCCUPATIONAL THERAPY 12 VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for additional post-op occupational therapy 12 visits is not medically necessary. The injured worker underwent PIP joint contracture surgery on 01/29/2014 to his right ring finger. The California Medical Treatment Utilization Schedule (MTUS) guidelines during immobilization, there was weak evidence of improved hand function in the short term, but not in the longer term, for early occupational therapy, and of a lack of differences in outcome between supervised and unsupervised exercises. There was weak evidence of a short term benefit of continuous passive motion (post external fixation), intermittent pneumatic compression and ultrasound. There was weak evidence of better short term hand function in patients given therapy than in those given instructions for home exercises by a surgeon. MTUS guidelines for PIP joint intraarticular fracture and or dislocation at proximal or middle phalanx are as followed: Postsurgical treatment: Postsurgical treatment: 20 visits over 6 months *Post-surgical physical medicine treatment period: 8 months. With the lack of documentation there was no way to determine whether the injured worker was benefiting from the occupational therapy. Furthermore, the request for additional therapy is for 12 sessions. Guidelines specify that the 20 visits over 6 weeks are sufficient after a PIP joint surgery exceeding MTUS guidelines. There is no evidence as to why the injured worker would not benefit from a home exercise program. As such, the request for additional post-op occupational therapy 12 visits is not medically necessary.