

Case Number:	CM14-0004526		
Date Assigned:	02/05/2014	Date of Injury:	07/24/2013
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery 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 claimant is a 50-year-old female who was injured on July 24, 2013. The clinical documentation, dated January 22, 2014, indicates that the claimant sustained a closed fracture of the middle or proximal phalanx of the 3rd and 4th digits on the left hand. The clinician indicates that there are healed avulsion fractures of the middle and ring finger on the left hand and that the claimant was never immobilized. Initially the claimant was improving with therapy that was completed and additional therapy is documented as being denied. The clinician does not note any evidence of objective functional improvement. The examination documents a 5° loss of motion at the PIP and the DIP joints. The claimant is documented as making "very slow" progress. The clinician specifically appeals the previous denial noting that progress has been shown and that the claimant did not derive help from treatment at noncertified hand therapists. The included radiologist report indicates that small avulsion fragments note along the base of the middle phalanx of the 3rd and 4th finger on the palmar side. These fragments extend into the joint spaces and appear to be intra-articular with no evidence of dislocation. The review in question was rendered on December 18, 2013. The reviewer indicates that the claimant reportedly sustained a fractured to the hand or digits, but an indication is not provide us to what bones or fractured, if they were displaced, or how they were initially treated. The claimant is documented as having completed 20 sessions of occupational therapy following the injury, and the reviewer indicates that there is no documentation indicating why independent home exercise program cannot be completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY EVALUATION, LEFT HAND/FINGERS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), , 265

Decision rationale: The MTUS supports the use of physical therapy for the management of the hand. Based on the clinical documentation provided, operative intervention was not performed. Following operative intervention for this type of fracture extending into the joint, the MTUS Guidelines supports up to 20 physical therapy visits. In the setting of treatment without operative intervention the MTUS references the ACOEM Guidelines, which recommends instruction in a home exercise plan. The claimant is documented as having completed 20 occupational therapy visits to date which far exceeds the guidelines for non operative management and meets the guidelines for operative management. At this point, the claimant should be well-versed in a home exercise plan and should be able to gain the last 5° of motion without supervised therapy. The request for Continued Occupational Therapy Two Times a week for four weeks, Left Hand/Fingers, is not medically necessary and appropriate.

CONTINUED OCCUPATIONAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS, LEFT HAND/FINGERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., CHAPTER: PHYSICAL THERAPY (PT), 98-99

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), MTUS, POST-SURGICAL TREATMENT GUIDELINES, 265

Decision rationale: The MTUS supports the use of physical therapy for the management of the hand. Based on the clinical documentation provided, operative intervention was not performed. Following operative intervention for this type of fracture extending into the joint, the MTUS Guidelines supports up to 20 physical therapy visits. In the setting of treatment without operative intervention, the MTUS references the ACOEM Guidelines, which recommends instruction in a home exercise plan. The claimant is documented as having completed 20 occupational therapy visits to date which far exceeds the guidelines for non operative management and meets the guidelines for operative management. At this point, the claimant should be well-versed in a home exercise plan and should be able to gain the last 5° of motion without supervised therapy. The

request for an Occupational Therapy Evaluation, Left Hand/Fingers, is not medically necessary and appropriate.