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| Case Number: | CM14-0108779 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 01/15/2014 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 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 45-year-old male who reported an injury on 01/15/2014. His diagnoses included fractured condyles of the proximal phalange of the left index finger. The injured worker's past treatments including physical therapy, surgery, injections, home exercise program, and splinting. His diagnostic exams included an x-ray of the left index finger on an unspecified date. The injured worker's surgical history included a left index finger extensor tenolysis on 04/23/2014 and an open reduction percutaneous pinning of the left index finger metacarpal head on 01/17/2014. The clinical notes failed to identify subjective complaints. The physical examination findings revealed that the left index finger had decreased range of motion. The proximal interphalangeal joint had 75 degrees of flexion and 155 degrees of extension. The injured worker's medications included Cephalexin and Hydrocodone. The treatment plan included the continuation of occupational therapy with splinting. A request was received for 12 occupational hand therapy sessions. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Occupational Hand Therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 12 Occupational Hand Therapy sessions is not medically necessary. The California/MTUS guidelines recommend physical medicine for restoring flexibility, strength, endurance, function, range of motion, and the alleviation of discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Based on the clinical notes, the injured worker participated in approximately 12 sessions of physical therapy following the surgery on 01/17/2014. The physical therapy progress notes failed to indicate significant progression in therapy to warrant the additional use of physical therapy for the hand. There were no quantitative measures to corroborate findings from the initial point of contact until the twelfth session of physical therapy. Also, the postsurgical treatment time for this type of surgery is 24 visits. However, the progress notes failed to indicate significant progress to warrant the additional 12 visits. Therefore, due to a lack of documentation indicating quantitative active range of motion, functionality, and the total number of visits since the postoperative period, the request is not supported. Thus, the request for 12 Occupational Hand Therapy sessions is not medically necessary.