

Case Number:	CM14-0011286		
Date Assigned:	02/21/2014	Date of Injury:	01/24/2013
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine 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 patient is a 21-year-old male who has submitted a claim for traumatic amputation of the right index finger with residual causalgia associated with an industrial injury date of January 24, 2013. The medical records from 2013-2014 were reviewed. The patient complained of constant and severe pain on the tip of the right index finger, grade 8/10 in severity. There was associated numbness that was felt due to cold weather. Physical examination showed that the right index finger was amputated at the distal interphalangeal joint level. He was able to flex the proximal interphalangeal joint but with difficulty, and he holds the finger in a protected position. There was marked sensitivity on the radial and ulnar aspects of the amputation stump. Imaging studies were not made available. The treatment to date has included Norco, and right index finger distal interphalangeal joint amputation. A utilization review, dated January 14, 2014, modified the request for occupational therapy two times a week for five weeks to the right index finger to occupational therapy once a week for 8 weeks to the right index finger. There was no information about the previous physical therapy visits or their outcome. The goal was to return the patient to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK TIMES FIVE (5) WEEKS TO THE RIGHT INDEX FINGER: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98, Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: As stated on page 98 of Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In addition, according to page 20 of the Post-Surgical Treatment Guidelines, postoperative physical therapy for amputation of the fingers without replantation is recommended up to 14 visits over 3 months with a postoperative physical medicine treatment period of 6 months. In this case, the patient had amputation of the right index finger on February 22, 2013. The patient never had any physical therapy sessions post amputation. He has already exceeded the postsurgical physical medicine treatment period of 6 months. The patient has persistent pain on his right index finger with tenderness, grade 8/10 in severity. The amputated distal tip of the right index finger was sensitive to touch. There was also decreased grip strength on the right. The medical necessity has been established. Therefore, the request for Occupational Therapy Two (2) times a week times five (5) weeks to the Right Index Finger is medically necessary.