

Case Number:	CM14-0117723		
Date Assigned:	09/16/2014	Date of Injury:	04/21/2014
Decision Date:	12/02/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/26/2014

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, has a subspecialty in Pain 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:

This is a female patient with a date of injury of April 21, 2014. A utilization review determination dated July 15, 2014 recommends non-certification of occupational therapy #12 with modification to #6. A progress note dated June 23, 2014 identifies subjective complaints of the patient feeling better but still with stiffness. Physical examination of the left hand reveals that the scars are healing well, fingers have overall good alignment, the ring finger has a very thin new epithelium forming, motion of the digits is improving, the ring finger has relatively good flexion of the MP (metacarpophalangeal) joint, and the patient has sensation to touch on all digits. The diagnoses include a left-hand severe crush injury involving the hand and in multiple digits, left ring finger mingled with vascular compromise, left middle finger decreased perfusion on the tip, third metacarpal fracture, left middle finger fracture of distal phalanx and open PIP proximal (interphalangeal) joint with bone and tissue loss, left ring finger laceration of extensor tendons and flexor tendons through the PIP joint level, and left neck/shoulder area strain/sprain. The treatment plan recommends that the patient continue attending therapy, and request for Stat-A-Dyne splint to help with motion. A physical therapy progress note dated June 5, 2014 identifies that the patient has completed 12 of 12 visits, the documentation within the note is illegible, and there is no treatment plan noted. An operative report dated April 21, 2014 identifies that the left hand was irrigated and debrided, with exploration of multiple lacerations, evacuation of dorsal hematoma, repair of dorsal and volar lacerations. Left middle finger with repair and reattachment of flexor tendon sheath of superficialis tendon, open reduction and internal fixation of distal phalanx fragments, nail bed repair, and repair lacerations of the pulp and along the volar radial side. The left ring finger had an open reduction and repair of ulnar condylar fracture of the proximal phalanx, advancement and reattachment of fragment from radial side of base of middle phalanx with repair of collateral ligament. An operative report dated June 2, 2014 identifies that

the patient had a left middle finger debridement of necrotic tissues, removal of Kirschner wire from distal phalanx, and left ring finger debridement of necrotic tissue and removal of Kirschner wire.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Postoperative.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200; 265, Postsurgical Treatment Guidelines Page(s): 8-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter, Physical/Occupational Therapy

Decision rationale: Regarding the request for occupational therapy #12, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior hand therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional occupational therapy #12 is not medically necessary.