

Case Number:	CM14-0139772		
Date Assigned:	09/08/2014	Date of Injury:	08/17/2011
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 09/17/11. While washing a meat grinding machine, his left index finger and thumb were lacerated. Two days later he underwent an amputation up to the PIP of the index finger with skin grafting. He subsequently received therapy three times per week. On 01/23/14 he underwent excision of a left thumb inclusion cyst. He was seen on 04/15/14. He had not returned to work. He was having left neck, shoulder, wrist, and thumb pain with hypersensitivity. On 04/23/14 he underwent excision of a left thumbnail horn with skin grafting. On 05/07/14 he was having ongoing pain. He had not started occupational therapy. Norco 5/325 mg was prescribed. He was continued at temporary total disability. He was evaluated for occupational therapy on 05/12/14. He was having throbbing pain rated at 6/10 decreased with medications. Physical examination findings included incisional tenderness, mild edema, hypersensitivity, and pain when grasping. A course of therapy was planned with therapeutic content to include modalities, range of motion, strengthening, and desensitization. As of 07/01/14 he had completed all nine scheduled treatment sessions. Pain was rated at 5-7/8/10. He had ongoing hypersensitivity. On 07/25/14 he was participating in occupational therapy. He had attended 13 sessions with therapeutic content including desensitization, strengthening, range of motion, and a home exercise program. He was continued at temporary total disability. There was consideration of a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 2 times a week for 4 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The claimant is more than 3 years status post work-related injury. He has undergone three surgeries and has received post-operative therapy with therapeutic content including desensitization, strengthening, range of motion, and a home exercise program. In terms of therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of elastic exercise bands, therapy putty, and self-applied modalities for desensitization, strengthening, and range of motion. The claimant has no other identified impairment that would preclude him from performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request for Occupational Therapy 2 times a week for 4 weeks is not medically necessary.