

<b>Case Number:</b>	CM14-0157573		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 36 year old male who sustained a crush injury on 09/15/08, while working as a laborer. As a result of the injury the claimant sustained an amputation of the right thumb, right index finger and middle finger. On the day of the injury, the claimant underwent a complete amputation of the right thumb, devascularization of multilevel injury to the right index finger and repair of a right middle finger laceration. On 04/02/09 the claimant underwent a right thumb replantation, ray amputation of the right index finger, neuroplasty of the right digital nerve to the index finger and scar revision of the right hand. It was documented that the claimant underwent extensive physical therapy for which he plateaued in 2009. A previous Utilization Review determination documented that the claimant had 32 postoperative physical therapy sessions. The claimant also re-engaged formal physical/occupational therapy on 05/13/14. The physical therapy note dated 04/24/14 indicated that the claimant had eight visits and reported improved thumb, proximal interphalangeal joint active range of motion and strength, and less pain the right hand and forearm as a result of the therapy. There were no subjective findings reported at that physical therapy visit. The office note dated 09/01/14 noted that the claimant took medication and he was able to fall asleep and that his pain would completely go away; however, during strenuous activities such as working out at the gym he has recurring pain for approximately three hours. He noted ongoing discomfort in the right hand with limitations of function including grabbing, grasping and opening of the hand. He has severe constant dystasia and phantom pain of the amputated index finger. On examination there was tenderness over the stump of the right index finger amputation site, right thumb motion was painful and restricted, motion of the metacarpophalangeal joint was zero to 20 degrees, interphalangeal joint zero to 30 degrees. There was decreased sensation in the radial and ulnar digital nerves of the right thumb, right middle finger distal interphalangeal joint. There was a restricted range of motion, zero to 40

degrees at the right middle finger distal interphalangeal joint. He was given the diagnosis of dystasia, status post amputation of a finger, multiple traumatic amputations of the finger, phantom limb syndrome. The current request is for occupational therapy to the right hand.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Occupational Therapy right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hand Section.

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines support 36 visits over 12 weeks following replantation of a thumb or finger for up to six months following surgery. Documentation suggests the claimant has exceeded thirty-six postoperative visits following replantation of his thumb and amputation of his index finger. In addition, surgical intervention was performed more than five years ago and it is not clear how continued physical/occupational therapy would continue to benefit the claimant. A previous physical/occupational therapy note presented for review, failed to establish that the claimant was making significant progress or documented that there were barriers in place which prevented the claimant from transitioning to a home exercise program which would be recommended at this stage. In addition there is no documented of objective clinical evidence of significant and sustained improvement with the previous physical and occupational therapy, at nearly five years from the most recent surgical intervention. Therefore, based on the documentation presented for review and in accordance with California MTUS Post-Surgical Rehabilitation Guidelines and California Chronic Pain Guidelines, the request for the additional occupational therapy to the right hand cannot be considered medically necessary. In addition, the request fails to quantify the number of visits which are being asked for, which would be imperative to know prior to considering medical necessity. The request for Occupational Therapy Right Hand is not medically necessary.