

<b>Case Number:</b>	CM14-0158799		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Pennsylvania. 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 claimant is a 34-year old gentleman who sustained a crush injury to the right thumb including a laceration and fracture of the distal phalanx while working on a box cutting machine on 06/03/14. The progress report on 08/11/14, documented complaints of discomfort at the tip of the right thumb. Radiograph showed evidence of healing fracture. It was noted that at that time the sutures from the nail bed injury, which had been debrided, were removed. Physical examination of the thumb revealed restricted range of motion to 20 degrees at the metacarpophalangeal and zero (0) to 15 degrees at the proximal interphalangeal joints. There was palpable tenderness distally at the area of the tuft. The recommendation was made for 18 sessions of continued occupational therapy for the right hand and thumb. The records documented that the claimant has already undergone a course of occupational therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the right hand therapy, 2-3 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Forearm, Wrist, & Hand Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the California Post-Surgical Rehabilitative Guidelines, the request for 18 additional sessions of occupational therapy would not be indicated. In the complicated setting of post-surgical treatment of fracture to the digit guideline the Post-Surgical Guidelines would support up to 16 visits over 10 weeks. The claimant has already attended therapy since the time of injury. The requested 18 additional sessions would exceed the guideline criteria. There is no documentation to explain why the claimant would be an exception to the standard guideline treatment. Therefore, the request for additional occupational therapy cannot be supported as medically necessary.