

<b>Case Number:</b>	CM14-0184272		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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:

64 year old male claimant with an industrial injury dated 11/21/13. The patient is status post a right hand neuroma excision as of 09/11/14. Exam note 10/14/14 states the patient returns with right hand pain. The patient complains of decreased hand grip, swelling, and decreased strength. The patient rates the pain a 6-8/10 and decreased sensation on the right ring finger. Upon physical exam range of motion was noted as a flexion of 32', extension of 60', radial deviation, and ulnar deviation of 22'. Motor strength was noted as 81 on the left and 34 on the right for grip, lateral pinch was 25 on the left with 15 on the right, and two-point pinch was 16 on the left and 13 on the right. Conservative treatments have included therapeutic, home exercise programs, a splint, and a TENS unit. Diagnosis is noted as right hand middle finger traumatic amputation, right middle finger ray amputation of the right hand, and Neuroma excision. Treatment includes additional post-op OT for the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post Op OT Right Hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

**Decision rationale:** CA MTUS/Post Surgical Treatment Guidelines does not specifically mention recommendations regarding amount of occupational visits after neuroma excision. Alternative recommendations, median nerve repair-forearm, were utilized on page 21. It recommends 20 visits over 6 weeks. In this case the request is for an unspecified number of additional visits and lack of functional improvement in the records from 10/14/14 to warrant additional visits. Therefore determination is for non-certification.