

<b>Case Number:</b>	CM14-0029652		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2014

### 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 and is licensed to practice in Texas and New York. 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 injured worker is a 32 year old male with reported injury on 07/25/2013 due to striking long finger on saw blade amputating his fingertip. On 03/26/2014 the injured worker had a pre-op exam for a revision of the tip of his finger. His medications consisted of Norco and Omeprazole. On 04/02/2014 he had an orthopedic reevaluation for his left long finger. He had no major complaints other than postop pain. He had an intact neurovascular status. There was lack of documentation of pain assessment, education for a home exercise program and no evidence of functional deficits. The request for authorization or the rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Occupational Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm,wrist,hand, Physical /Occupational therapy.

**Decision rationale:** The injured worker had a revision of the right fingertip amputation. There is a lack of documentation regarding functional deficits and pain management. The Official

Disability Guidelines recommend to allow occupational therapy for one visit per week, plus active self-directed home therapy. There was no evidence provided of a home exercise program. Also, the request suggested twelve visits, not specifying frequency. Therefore, the request for occupational therapy is not medically necessary.