

Case Number:	CM14-0031606		
Date Assigned:	06/20/2014	Date of Injury:	08/10/2013
Decision Date:	07/31/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/12/2014

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 Illinois. 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 28-year-old male who reported an injury on 08/10/2013, caused by opening the jet bridge door that attaches to the plane, and the door closed on his left hand index finger. On 12/23/2013, the injured worker complained of left index finger sensitivity, pain that is aggravated with activity and temporary relief with medication and rest. It was reported that the injured worker's pain level at the least was 3/10 to 4/10, and at the worst, a 9/10. On the physical examination of the left index finger, revealed tenderness of the left index finger. There was nail plate deformity and nail bed injury. The range of motion of the left index finger showed MP joint motion from 0 to 90 degrees, PIP joint from 0 to 10 degrees, and DIP joint motion from 0 to 10 degrees. The medications included Anaprox 550 mg and Prilosec 20 mg. The diagnoses included left index finger mid shaft transverse distal tuft fracture. The treatment plan included for a decision on occupational therapy 3 times per week for 6 weeks for the left hand, #18. Authorization request was submitted on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 3x per week for 6 weeks for left hand #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Official Disability Guidelines, Physical/Occupational Therapy Guidelines.

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

Decision rationale: The request for Occupational Therapy 3x per week for 6 weeks for the left hand # 18 is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines states that physical medicine provides short-term relief during the early phases of pain treatment, and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. It can be used sparingly with active therapy to help control swelling, pain, and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines also states that for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include with or without mechanical assistance or resistance in functional activities with assistive devices. The document provided on 12/23/2013 was unclear of current and past symptoms. There was lack of evidence if the injured worker had any surgeries or even attended any prior occupational therapy sessions physical therapy. In addition, there was no conservative care measures listed for the injured worker, such as home exercise regimen. Given the above, the request for occupational therapy is not medically necessary.