

Case Number:	CM14-0033253		
Date Assigned:	06/20/2014	Date of Injury:	01/20/2012
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 42-year-old male who reported an injury on 01/20/2012 due to a laceration to the right middle finger second to a saw blade. The injured worker had a history of pain and stiffness to the right index finger with a diagnosis of laceration of right index finger with fracture. The injured worker is status post arthrodesis of the right middle distal interphalangeal joint. The past treatment included physical therapy x 5 sessions. On 02/04/2014, the objective findings of the right hand revealed the right index finger range of motion of the metatarsophalangeal joint at 0 degrees to 80 degrees (initially 75 degrees), the proximal interphalangeal joint at a 30 degrees to 75 degrees (initially 70 degrees) and the distal interphalangeal joint at 0-50 degrees (initially 40 degrees). It was noted the injured worker had a residual flexion contracture of the right index finger proximal interphalangeal joint. The injured worker rated his pain a 5/10 using the VAS with no medications noted. The treatment plan included occupational therapy 3 times 6 weeks on the right hand. The authorization form dated 06/20/2014 was within the documentation. The rationale was to regain further function of his hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy 3 times a week for 6 weeks on the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The request for occupational therapy 3 times 6 weeks on the right hand is not medically necessary. The California MTUS Guidelines indicate the number of physical therapy visits is 24 for status post arthrodesis and 16 for status post fracture of one or more phalanges of the hand. The documentation provided indicated the injured worker has attended 5 sessions of therapy and has made improvement in range of motion and has some remaining deficits. While additional therapy would be supported, the request as submitted is for a duration of 6 weeks which would not allow for a timely assessment of the injured worker to determine efficacy and necessity of additional therapy. As such, the request for occupational therapy 3 times 6 weeks on the right hand is not medically necessary.