

Case Number:	CM14-0034921		
Date Assigned:	06/23/2014	Date of Injury:	11/13/2012
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 39 year old female whose date of injury is 11/13/2012. The injured worker was getting items from a bin, lost her balance and fell backwards landing on her right hand. A note dated 01/08/14 indicates that she incurred a dislocation of the proximal interphalangeal (PIP) joint of the right ring finger. The finger was subsequently reduced and buddy-taped. The injured worker was referred to physical therapy and as of 04/10/13 therapy was discontinued and she was begun on a home strengthening program. Diagnoses are right finger 25 degree PIP joint flexion contracture (major side), and status post ulnar dislocation, right ring finger PIP joint with rupture of radial collateral ligament. A note dated 02/20/14 indicates that the injured worker was seen by physical therapists which did not really help the contracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy times twelve sessions for flexion contracture of right ring finger.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for additional OT for 12 sessions for flexion contracture of the right ring finger is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. The number of OT visits completed to date is not documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The Chronic Pain Medical Treatment Guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary had the needed documentation been present for review. As such, the request is not medically necessary.