

<b>Case Number:</b>	CM14-0049766		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 30-year-old with a reported date of injury of 01/09/2013 as a result of a dog bite. The patient has the diagnoses of contracture of the metacarpalphalangeal (MP) joints of the left middle, ring and small fingers. The patient had previously undergone irrigation and debridement of the injury and subsequently developed MP contractures. She then underwent 2 releases of the MP joints with pinning and removal of K-wires. Progress notes provided by the primary treating physician dated 03/07/2014 notes the patient still complains of lack of extension in the left middle, ring and small fingers. A physical exam showed decreased grip strength in comparison to the right. The treatment plan consisted of dexamethasone with Lidocaine injection into the scar tissue, request for an extension dynamic splint and continuation physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Occupational Therapy 2 times a week for 4 weeks (qty 8), left middle/ring/small finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The ACOEM forearm, wrist and hand section recommends instruction in home exercise. Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range of motion exercises at home. Instructions in proper exercise technique are important, and a physical therapist can serve to educate the patient about an effective exercise program. Specific post-surgical guidelines for the procedure the patient underwent are not specified in the ACOEM. This patient has already completed 8 physical therapy sessions. The usual recommendation for contracture surgeries such as trigger finger is 9 visits. The request is in excess of baseline guidelines and also the amount of therapy completed should be sufficient to educate the patient on an effective exercise program. For these reasons, the requested service is not medically necessary.