

Case Number:	CM14-0057091		
Date Assigned:	07/09/2014	Date of Injury:	01/15/2014
Decision Date:	09/09/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for hand and finger pain reportedly associated with an industrial injury of January 15, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier open reduction and internal fixation of a left index finger, proximal phalanx head fracture with percutaneous pinning; and extensive periods of time off of work. In a Utilization Review Report dated April 9, 2014, the claims administrator approved a request for a left index finger tenolysis and capsulotomy procedure while partially certifying request for 16 sessions of occupational therapy as 8 sessions of occupational therapy. The claims administrator invoked both MTUS and non-MTUS Guidelines in its Utilization Review Report. The applicant's attorney subsequently appealed. In a progress note dated April 1, 2014, the applicant's primary treating provider noted that the applicant had stiffness about the index finger in question and that earlier therapy had not resulted in a significant improvement in range of motion or other symptoms. Loss of motion was noted. A left index finger tenolysis and capsulotomy and an intensive course of 16 sessions of hand therapy were endorsed while the applicant was placed off of work, on total temporary disability. In an earlier note of January 30, 2014, the applicant was described as having severe throbbing pain about the left index finger with numbness and tingling about several other digits. The applicant was status post earlier open reduction and internal fixation (ORIF) surgery elsewhere, on January 17, 2014. The applicant apparently had a diagnosis of failed close reduction of the digital fracture. Limited range of motion about the finger joint was noted. K wires were noted. The applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Occupational Hand Therapy Sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for 16 sessions of occupational therapy is medically necessary, medically appropriate, and indicated here. An initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery. In this case, the surgical procedure in question, a tenolysis and capsulotomy, is not specifically covered in MTUS guidelines. However, by analogy, the closest surgery in question is that of flexor tendon repair or tenolysis-zone II, procedure for which 30 visits are endorsed in MTUS 9792.24.3. One half of 30 visits is 15 visits. Thus, the 16-session course of treatment proposed by the attending provider essentially conforms to MTUS parameters. It is further noted that the applicant's case does appear to be a complicated one as the applicant has already had a prior surgical procedure involving the injured digit, including a failed ORIF surgery. For all the stated reasons, then, the 16-session course of treatment proposed by the attending provider is indicated and appropriate. Therefore, the request is medically necessary.