

Case Number:	CM14-0061313		
Date Assigned:	06/20/2014	Date of Injury:	03/20/2009
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
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 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:

This 57 year-old patient sustained an injury on 3/20/09 while employed by [REDACTED]. Request under consideration include Occupational therapy two times a week for six weeks for the left middle finger. Diagnoses include digit amputation s/p left 3rd fingertip amputation revision (undated). Hand-written therapy report on 1/13/14 noted patient had initial eval 1/4 with OT for fingertip amputation/revision resulting in hypersensitivity and weakness secondary to decrease use. The patient wore a sleeve to wear and also used putty to use despite good motion, he has decreased strength and decreased use- it may be a neuroma. The patient showed progress to adopt sensory and introduce fluído and handgripper. Hand-written report (somewhat illegible) from PT on 2/8/14 noted 3/4 visit noting patient is attempting to use finger when gripping. No change in objective findings noted except patient has functional graps and afterwards used IR/Manual therapy. Assessment plan to revisit Home exercise program with importance of digit 3 in grasping. Report of 2/17/14 from the provider noted patient with ongoing complaints of shooting pain occuring 4-5x rated at 8-9/10 that begins at fingertip shooting up the arm associated with numbness in the third digit. Had 4/4 therapy visits. Exam showed range of MP at 75 degrees, PIP at 80 degrees. Diagnoses include finger amputation and lateral epicondylitis. The request for Occupational therapy two times a week for six weeks left middle finger was partially-certified on 3/6/14 for 4 additdional visits citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy two times a week for six weeks for the left middle finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical therapy guidelines, Amputation of thumb; finger (ICD9 885; 886): Medical treatment: 18 visits over 6 weeks Page(s): 6.

Decision rationale: This 57 year-old patient sustained an injury on 3/20/09 while employed by [REDACTED]. Request under consideration include Occupational therapy 2x6 left middle finger. Diagnoses include digit amputation s/p left 3rd fingertip amputation revision (undated). Hand-written therapy report on 1/13/14 (somewhat illegible) noted patient had initial evaluation 1/4 with OT for fingertip amputation/revision resulting in hypersensitivity and weakness secondary to decrease use. Patient wore a sleeve to wear and also used putty also sent home to use despite good motion, he has decreased strength and decreased use- it may be a neuroma. A written report (somewhat illegible) from PT on 2/8/14 noted 3/4 visit noting patient is attempting to use finger when gripping. No change in objective findings noted except patient has functional grasps and afterwards used IR/Manual therapy. An assessment plan was made to revisit home exercise program with importance of digit 3 in grasping. Report of 11/8/13 from the provider noted the patient with ongoing flare-up of sensitivity following amputation revision. No objective findings were recorded/performed. Treatment included modified work, injection, and therapy. Report of 2/17/14 from the provider noted patient with ongoing complaints of shooting pain occurring 4-5x rated at 8-9/10 that begins at fingertip shooting up the arm associated with numbness in the third digit. Had 4/4 therapy visits. Exam showed range of MP at 75 degrees, PIP at 80 degrees. Diagnoses include finger amputation and lateral epicondylitis. Submitted reports show clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show evidence of functional benefit and decreased pain complaints. There is evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Post-surgical treatment guidelines for thumb/digit amputation allow for 24 visits over 2 months with postsurgical physical medicine treatment period of 4 months. The current request for Occupational therapy two times a week for six weeks left middle finger was partially-necessary on 3/6/14 for 4 additional visits citing guidelines criteria and lack of medical necessity. It appears the patient had undergone 3rd digit fingertip amputation revision since at least prior to November 2013 with reported "flare-up" of hypersensitivity pain noted on the provider's 11/8/13 report. The patient had completed 4 OT visits in February 2014 with another 4 recently authorized for what appears to be another flare-up of hypersensitivity pain as the patient exhibit per therapist, full digit range without any change in grip strength documented and has been transitioned back to HEP. Submitted reports have not adequately demonstrated support for further therapy beyond recommendations of guidelines. The Occupational therapy two times a week for six weeks for the left middle finger is not medically necessary and appropriate.