

Case Number:	CM14-0068898		
Date Assigned:	06/27/2014	Date of Injury:	07/12/2012
Decision Date:	07/23/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 Orthopaedic Surgery, 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 40-year-old right-handed male cabinet installer sustained an industrial injury on 7/12/12 when he caught his left index finger in a heavy fire door. The patient underwent irrigation and debridement of the left index digit on 7/22/12 for infection and subsequent amputation of the proximal phalanx of the left index digit in March 2013. The 10/2/13 hand surgeon consult report cited subjective complaints of pain with impact on the index finger stump, pressure in the stump, and loss of range of motion. Left index finger physical exam findings documented full metocarpophalangeal (MP) joint range of motion, proximal interphalangeal (PIP) joint range of motion 0-45 degrees, pain with further attempts at flexion, and pain associated with the ulnar digital nerve. There was a rather sensitive Tinel's sign percussed on the course of the ulnar digital nerve. There was hypoesthesia involving the radial digital nerve, but no significant hypersensitivity. There was marked left grip strength loss. A neurectomy of the ulnar digital nerve was recommended, followed by a short course of occupational therapy for desensitization. The 2/10/14 treating physician report documented no tenderness to palpation over the MP and PIP joints, MP joint motion 0-85 degrees, and PIP joint motion 0-30 degrees. There was intact motor function and some impaired sensation at the tip of the digit. The treatment plan requested authorization of surgery, including neurectomy, as recommended by the hand surgery. The 2/17/14 DWC form requested continued occupational therapy 2x6 to the left wrist. The 2/27/14 utilization review denied the request for continued occupational therapy 2x6 for the left wrist based on absence of demonstrated continued functional improvement or need for additional therapy versus a home exercise program. The treating physician progress reports from 8/19/13 to 2/10/14 document on-going requests for occupational therapy, demonstrate a static presentation in objective findings, and do not provide functional assessments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines recommend physical medicine therapies focused on the goal of functional restoration rather than merely the elimination of pain. The therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. There is no documentation of a significant improvement in activities of daily living or reduction in work restriction, and reduction in dependence on continued medical treatment consistent with the guideline definition of functional improvement. There are no current functional treatment goals outlined for additional therapy. There is no compelling reason to support the medical necessity of additional supervised occupational therapy versus an independent home exercise program. Therefore, this request for continued occupational therapy two (2) times a week for six (6) weeks is not medically necessary.