

Case Number:	CM14-0073321		
Date Assigned:	07/16/2014	Date of Injury:	06/11/2013
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 40-year-old male with a date of injury of 04/11/2013. The listed diagnoses per [REDACTED] are: amputation, finger, sprain/strain, lumbar spine, contusion of foot. According to progress report 03/19/2014, the patient is status post traumatic amputation of the fingertip with subsequent surgery on 06/14/2013. On 03/19/2014, the patient reported decreased flexibility to the left ring finger with paresthesia to the left index finger. It was noted he continues to attend hand therapy 2 times a week. However, they have no openings at times. Examination revealed healed amputated left finger with decreased range of motion. Treater is requesting additional 12 occupational therapy sessions and acupuncture evaluation and treatment. Utilization review modified the certification for additional OT from 12 sessions to 6 sessions and denied the request for acupuncture "evaluate and treat" on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy qty 12: 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: This patient is status post left index amputation, open fracture of mid shaft, radius, and ulnar, left 4th middle phalangeal base fracture and status post compartment syndrome and fasciotomy from 06/14/2013. The treater is requesting additional 12 occupational therapy sessions. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. This patient has surpassed the post-surgical time frame. The medical file provided for review does not include hand therapy reports. It is unclear as to the how many sessions the patient received thus far. Utilization review modified the certification from the requested 12 sessions to 6 sessions. In this case, the treater is requesting 12 sessions which exceeds what is recommended by MTUS. Recommendation is for denial.

acupuncture evaluate and treat: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

Decision rationale: This patient is status post left index amputation, open fracture of mid shaft, radius, and ulnar, left 4th middle phalangeal base fracture and status post compartment syndrome and fasciotomy from 06/14/2013. The treater is requesting "acupuncture evaluate and treat." For acupuncture, MTUS page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. Review of the medical file indicates the patient received acupuncture sessions between 09/04/2013 and 11/19/2013, total of 16 visits. In this case, the treater does not provide a discussion of functional improvement with prior acupuncture treatment. MTUS allows for treatments to be extended only when functional improvement has been shown. Recommendation is for denial.