

Case Number:	CM14-0077029		
Date Assigned:	07/18/2014	Date of Injury:	09/21/2013
Decision Date:	08/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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, 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 38-year-old male with a date of injury of 09/21/2012. he listed diagnoses per [REDACTED] are: Status post crushing open fracture at the left index distal phalanx with nail bed laceration and repair and Painful digital neuromas, left index finger. According to progress, report 04/29/2014 by [REDACTED], the patient presents with chronic pain and sensitivity in his left hand. He notes that he is improving slowly with therapy. Examination revealed 50 - 50 degrees of flexion in the left index DIP joint with pain. There is moderate sensitivity and tenderness over the left index fingertip. Grip strength is diminished on the left. The patient's medication regimen includes Voltaren 100 mg and Prilosec 20 mg. The provider states the patient should continue with occupational therapy twice weekly for the next 6 weeks to work on range of motion, desensitization, and modalities. If patient fails to improve, surgical options will be explored. Utilization review did not grant the request for additional OT on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OT 2X6 TO L HAND/INDEX FINGER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following:Physical Medicine Page(s): 99.

Decision rationale: The patient is a 38-year-old male with a date of injury of 09/21/2012. he listed diagnoses per [REDACTED] are: Status post crushing open fracture at the left index distal phalanx with nail bed laceration and repair and Painful digital neuromas, left index finger. According to progress, report 04/29/2014 by [REDACTED], the patient presents with chronic pain and sensitivity in his left hand. He notes that he is improving slowly with therapy. Examination revealed 50 - 50 degrees of flexion in the left index DIP joint with pain. There is moderate sensitivity and tenderness over the left index fingertip. Grip strength is diminished on the left. The patient's medication regimen includes Voltaren 100 mg and Prilosec 20 mg. The provider states the patient should continue with occupational therapy twice weekly for the next 6 weeks to work on range of motion, desensitization, and modalities. If patient fails to improve, surgical options will be explored. Utilization review did not grant the request for additional OT on 05/16/2014.