

<b>Case Number:</b>	CM14-0083922		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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:

The injured worker is a 43-year-old male with a reported injury on 03/24/2014; the mechanism of injury was a crush injury by a pickaxe to the left 5th digit. His diagnoses consisted of crushed left 5th digit. The previous treatments included splinting. X-rays revealed a distal tuft fracture. The clinical note dated 03/28/2014 noted that there was a subungual hematoma with ecchymosis just proximally at the nail fold. The injured worker did complain of tenderness but the skin remained intact. The level of pain was not provided on a VAS pain scale. The medication list was not provided. The plan of treatment was recommended to have the injured worker wear a protective splint. He was to return to work with modified duties of no using his left 5th digit. The injured worker also had an evaluation on 04/10/2014 for status post left 5th digit distal phalanx fracture and he reported gradual improvement with his symptoms. The provider indicated upon physical exam the injured worker had tenderness over the tip of the finger with subjective sensory deficit. The provider noted no medications were dispensed. The provider recommended the injured worker begin therapy. The request for authorization was not provided and the rationale for the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient hand therapy to the left pinky finger 2 X 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC)[http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)".

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

**Decision rationale:** The request for Outpatient hand therapy to the left pinky finger 2 X 6 is not medically necessary. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. There was not an examination of range of motion or strength of the injured worker. There was no evidence of the injured worker's participation in a home exercise program. The California MTUS Guidelines state that hand therapy is important in reducing swelling, decreasing pain, and improving range of motion. Again, there is no evidence of function deficit and there is no evaluation of range of motion and strength. Therefore, the request for Outpatient hand therapy to the left pinky finger 2 X 6 is not medically necessary.