

<b>Case Number:</b>	CM14-0085540		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 55-year-old female was reportedly injured on May 24, 2011. The mechanism of injury was noted as repetitive motion. The most recent progress note, dated May 13, 2014, indicated that there were ongoing complaints of pain at the right index finger and DIP. The physical examination demonstrated tenderness and moderate swelling at the DIP joint of the right index finger with mild limitation of the IP flexion and full extension. Diagnostic imaging studies of the right hand indicated status post fusion of the IP joint of the right thumb, soft tissue swelling over the thumb, postsurgical changes of the extensor hallucis longus, and degenerative changes of the carpal metacarpal joint. Previous treatment included a DIP joint arthrodesis of the right index finger. A request had been made for postoperative occupational therapy for the right index finger three times a week for four weeks and was not certified in the pre-authorization process on May 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Occupational Therapy for Right Index Finger 3 x per Week x 4 Weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** A review of the attached medical record indicates that there is no approved or scheduled surgery for the injured employee's right index finger. As such, this request for postoperative occupational therapy for the right index finger three times a week for four weeks is not medically necessary.