

<b>Case Number:</b>	CM14-0087514		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 30-year-old male with a reported date of injury on 02/21/2014. The mechanism of injury was noted to be a crush injury with an amputation of the tip of the finger. His diagnoses were noted to include left middle finger distal tuft fracture with status post full thickness skin grafting from the left forearm. His previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 04/23/2014 revealed the injured worker complained of frequent pain in his left middle finger associated with hypersensitivity. The injured worker denied numbness, tingling, or radiating pain. His pain increased with gripping, grasping, flexing/extending, rotating, and repetitive hand and finger movements. The injured worker reported rest and medications helped alleviate the pain. The injured worker revealed he was not taking any medications. The injured worker reported he could look after himself normally with increased discomfort in the left middle finger when performing activities of personal healthcare. The physical examination of the wrists noted full range of motion to the bilateral wrists. The range of motion of the middle finger was noted at the metacarpophalangeal joint to be 0 degrees to 80 degrees, the interphalangeal proximal joint was 0 degrees to 80 degrees, and the interphalangeal distal joint was 0 degrees to 10 degrees. There was no tenderness to palpation or popping or triggering of the finger flexor tendons. The injured worker was noted to have decreased grip strength in the left hand. The provider indicated the injured worker was given a mallet splint for the left middle finger. The request for authorization form was not submitted within the medical records. The request for occupational therapy, 2 to 3 sessions per week for 6 weeks to the left hand due to the injured worker having had residual stiffness, weakness, and required therapy to prevent deterioration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, two to three sessions per week for six weeks to the left hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s):  
19.

**Decision rationale:** The injured worker has received previously 11 sessions of physical therapy. The postsurgical treatment guidelines recommend for post implantation surgery, 36 visits over 12 weeks with the postsurgical physical medicine treatment period of 6 months. There is a lack of documentation regarding quantifiable objective functional improvements from previous physical therapy visits. Although there are current measurable objective functional deficits with range of motion, there is a lack of documentation regarding quantifiable objective functional improvements from previous physical therapy sessions. Therefore, the request is not medically necessary and appropriate.