

Case Number:	CM13-0058007		
Date Assigned:	11/19/2014	Date of Injury:	06/06/2013
Decision Date:	01/07/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 40 year-old female who was injured on 6/6/13 when her hand was caught in a roller. An x-ray showed fracture of the left distal fourth finger. She was diagnosed with left hand/finger crush volar injury, fracture and laceration of the left fourth finger, subluxation of the left fourth finger, and sprain of the wrist. She was treated with medications like ibuprofen, work restrictions, suturing, casting, and four sessions of physical therapy which did not help with the pain. She had negative electrodiagnostic testing in 11/2013. She continues with left hand pain, numbness and swelling of the hand, and "popping" of the tendon at the base of the left fourth finger. Her pain extends up her left extremity to her neck. On exam, she had diffuse left hand tenderness with normal sensation, motor, and circulation. There was decreased grip strength of her left hand compared to the right. She had a negative left hand MRI. Acupuncture was authorized. The current request is for 8 sessions of occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 visits Occupational Therapy, 2x4 weeks for the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers' Compensation, Online Edition; Forearm, Wrist & Hand, Physical/Occupational Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist-Physical/Occupational Therapy.

Decision rationale: The patient had laceration and fracture of distal phalanges 1.5 years ago. The patient had repair and was treated with 4 sessions of physical therapy, which did not help relieve pain. MTUS recommends instruction in home exercise, which should have been introduced during her four sessions of physical therapy. ODG guidelines recommend 8 sessions over 5 weeks for fractures of the phalanges. This current request would exceed the maximum number of recommended sessions. Therefore, the request is not medically necessary.