

<b>Case Number:</b>	CM14-0192385		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Pain Medicine, and is licensed to practice in Maryland. 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 claimant has a history of a work injury occurring on 10/26/13 when a 50 pound box fell with injury to her left hand. She sustained a left fifth finger proximal phalangeal head fracture and PIP radial collateral ligament tear. She was seen on 05/20/14. She was having pain rated at 7-8/10. Prior treatments had included physical therapy of minimal benefit. Physical examination findings included swelling and decreased fifth finger range of motion. Recommendations included transitioning from physical therapy to occupational therapy. On 09/30/14 she was seen for a permanent and stationary report. She was not having any hand complaints. She had participated in hand therapy treatments and was pleased with the result. Physical examination findings included a normal examination of the hand. She was given a home exercise program and provided with therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy Home Course 2 times a week for 6 weeks for the Left Small Finger:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM) Pain, Suffering and the Restoration of Function), page 114

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Physical medicine treatment, Preface, Physical Therapy.

**Decision rationale:** The claimant is more than one year status post work-related injury to the left fifth finger. Treatments have included occupational hand therapy. When seen by the requesting provider, she was not having any hand complaints and had a normal examination of her hand. In terms of therapy treatments, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude her from performing such a program. Therefore additional occupational therapy was not medically necessary.