

Case Number:	CM14-0199604		
Date Assigned:	12/10/2014	Date of Injury:	01/06/2014
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine 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 man with a date of injury of January 6, 2014. The mechanism of injury occurred when the injured worker was working as a patrol officer, and was kicked in the left hand by a suspect. He sustained a left small finger fracture. The current diagnoses are adhesive capsulitis; and left hand tendon scarring. The injured worker is status post closed reduction and percutaneous pinning of the left metacarpal neck fracture and flexion contracture of PIP joint in the 5th digit (date unknown). The medical record submitted for review did not contain any clinical notes from the treating hand surgeon nor did it contain physical therapy (PT) or occupational therapy (OT) notes. There is no documentation regarding treatments rendered, or indications for additional physical therapy. There is no documentation of objective functional improvement associated with prior physical therapy. Per the UR documentation, a progress report dated July 1, 2014 indicated the injured worker has been attending PT and notes improvement in left hand pain. Current pain was mild, however, there is still swelling. The injured worker is not working. On examination of the left hand, there is mild swelling and range of motion (ROM) is painful with a limited flexion contracture in the PIP joint of the 5th finger. There were no gross motor deficits and sensory is intact. The provider notes that the injured worker made significant progress with therapy, however, functional deficits remain. The provider is recommending continued OT to work on ROM. According to UR documentation, the injured worker has been certified for at least 20 post-operative therapy sessions to date. The most recent was 4 sessions on May 21, 2014 and the current request is for continued occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, occupational therapy to the left hand is not medically necessary. Patient should be formally assessed after a six as a clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing physical therapy). The guidelines allow 16 visits over 10 weeks, post-surgery of the metacarpal-phalangeal joint. In this case, there was no documentation from the treating hand surgeon regarding treatments rendered and or prior physical therapy and or indications for additional physical therapy. There is no documentation of objective functional improvement of the first four physical therapy visits. There is documentation in the medical record from the orthopedic group that was taking care of the injured worker's fractured pelvis with reconstruction. Those progress notes do not include discussion of the hand surgery with physical therapy. The utilization review states the original physical therapy request of three visits per week times four weeks was partially certified to physical therapy two times a week for two weeks. The utilization also states the injured worker received at least 20 postoperative therapy sessions to date. However, there is no corroborating documentation in the medical record supporting those 20 post-operative physical left hand therapy sessions. Additionally, the occupational therapy requested does not include frequency and duration and/or total number of visits. Consequently, absent the appropriate clinical documentation and evidence of objective functional improvement, occupational therapy to the left hand is not medically necessary.