

<b>Case Number:</b>	CM14-0199729		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 patient is an injured worker with right middle finger proximal interphalangeal joint fixed flexion contracture. The mechanism of injury was a crush injury. The date of injury was June 14, 2012. The progress report dated July 28, 2014 documented that the right middle finger shows the PIP proximal interphalangeal joint with a fixed flexion contracture at 15 degrees. The orthopedic evaluation report dated September 8, 2014 documented that the patient has a flexion contracture of the right middle finger. Physical examination was documented. The right middle finger shows the PIP proximal interphalangeal joint with a fixed flexion contracture at 20 degrees. Diagnosis was right middle finger proximal interphalangeal joint fixed flexion contracture. The patient notes no improvement in her right middle finger flexion contracture. She has tried static splinting. Dynamic splint might help further improve the PIP proximal interphalangeal joint flexion contracture of the right middle finger. She is recommended to continue occupational therapy. The surgeon was not contemplating surgical intervention. Authorization is requested the patient to be referred to an occupational therapist for a Dynamic splint. The occupation therapy report dated September 15, 2014 documented that dynamic finger splint was fitted. The primary treating physician's progress report dated October 27, 2014 documented subjective complaints of right middle finger pain. Patient reports feeling worse since the last office visit. Physical examination was documented. Jamar dynamometer test readings on the right 14, 12, 10 kilograms, and on the left 24, 22, 20 kilograms. The right middle finger shows the PIP proximal interphalangeal joint with a fixed flexion contracture at 10-90 degrees. Diagnosis was right middle finger proximal interphalangeal joint fixed flexion contracture. Treatment plan included occupational therapy for the middle finger serial casting. Utilization review letter dated November 12, 2014 documented that in July 10, 2014 the patient was previously approved for 12 sessions of occupational therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 x 6 (for right middle finger serial casting): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational therapy (OT); Physical Therapy (PT) Physical Medicine Page(s): 74; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Occupational therapy (OT) and Physical / Occupational therapy.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide occupational therapy (OT) and physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. Official Disability Guidelines (ODG) recommends 9 visits of occupational therapy for synovitis and tenosynovitis, sprains and strains of wrist and hand, and pain in joint. The progress report dated July 28, 2014 documented that the right middle finger PIP proximal interphalangeal joint had a fixed flexion contracture at 15 degrees. The orthopedic evaluation report dated September 8, 2014 documented that the right middle finger PIP proximal interphalangeal joint had a fixed flexion contracture at 20 degrees. The patient notes no improvement in her right middle finger flexion contracture. The occupation therapy report dated September 15, 2014 documented that dynamic finger splint was fitted. The primary treating physician's progress report dated October 27, 2014 documented that the right middle finger PIP proximal interphalangeal joint with a fixed flexion contracture at 10-90 degrees. Utilization review letter dated November 12, 2014 documented that in July 10, 2014 the patient was previously approved for 12 sessions of occupational therapy. MTUS and ODG guidelines allow for ten occupational therapy OT visits. No functional improvement was documented with the past 12 occupational therapy OT treatments. Therefore, the request for additional 12 occupational therapy OT treatments is not supported. Therefore, the request for Occupational therapy 2 x 6 (for right middle finger serial casting) is not medically necessary.