

Case Number:	CM14-0206479		
Date Assigned:	12/18/2014	Date of Injury:	02/21/2014
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in INTERVENTIONAL SPINE 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 a 31-year-old male with an injury date of 02/21/2014. Based on the 04/23/2014 progress report, the patient complains of having frequent pain in his left middle finger which is associated with hypersensitivity. He complains of left hand and left middle finger pain with activities of daily living and has difficulty with gripping, grasping, holding, and manipulating objects with left hand. He has some difficulty with repetitive motions such as typing and performing forceful activities with his left hand as well. The patient has mild depression and anxiety as a result of his injury. The 06/04/2014 report indicates that the patient continues to have middle finger pain which he rates as a 2-3/10. No further exam findings were provided on this report. There is a thickened keloid scar along the left volar forearm (at the skin graft donor site), full thickness skin scar of the left middle finger, thickened keloid area poor contour, and 50% loss of sensation of the left middle finger. On 02/21/2014, the patient had an amputation revision with a skin graft of the middle finger. The patient is diagnosed with status post left middle finger amputation with subsequent full thickness skin grafting from the left forearm and keloid scar formation along the left forearm and left middle finger. The utilization review determination being challenged is dated 11/13/2014. There were 4 treatment reports provided from 04/07/2014 - 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Occupational Therapy 12 session- Left finger and Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand, Physical/Occupational Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Forearm, Wrist, and Hand, section Physical/Occupational Therapy.

Decision rationale: The patient complains of frequent pain in his left middle finger which is associated with hypersensitivity. The retrospective request is for 12 Sessions of Occupational Therapy for the Left Finger and Left Hand (DOS 04/21/2014 - 05/19/2014) for "strengthening and increasing activity range of motion." On 02/21/2014, the patient had an amputation revision with a skin graft of the middle finger. ODG Guidelines Chapter Forearm, Wrist, and Hand, section Physical/Occupational Therapy allow for 18 visits over 6 weeks for amputation of thumb/finger. MTUS allows 8-10 sessions for myalgia, myositis, and neuralgia/neuritis type of condition. The utilization review denial letter states that the patient has had 12 occupational therapy visits from 02/28/2014 - 04/18/2014. These occupational therapy notes were not provided and it is not known how this occupational therapy impacted the patient's pain and function. An additional 12 sessions of occupational therapy to the 12 sessions of occupational therapy the patient has already had would exceed what is allowed by the Guidelines. Therefore, the requested occupational therapy 12 sessions for the left finger and left hand is not medically necessary.