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| <b>Case Number:</b>   | CM14-0032983 |                              |            |
| <b>Date Assigned:</b> | 06/04/2014   | <b>Date of Injury:</b>       | 02/08/2013 |
| <b>Decision Date:</b> | 01/27/2015   | <b>UR Denial Date:</b>       | 01/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2014 |

### 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 Emergency 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:

Patient with reported date of injury on 2/8/2013. Mechanism of injury is noted to be due to partial amputation of left ring finger. Patient has a diagnosis of partial amputation of left 4th digit. Medical reports reviewed. Last report available until 2/21/14. The last note is a physical therapy note. Note states that patient has made progress in increased strength and range of motion and pain levels. Noted no range of motion prior to completion of PT. Note states at least 8 sessions was completed. Last progress note from provider is noted to be dated 6/27/13. It notes psychological fears and pain. Exam and history is consistent with PT note. Limited exam of hand due to pain. An RFA notes that request was for additional OT to improve fine motor skills of the affected hand despite improvement from PT. Independent Medical Review is for Occupational therapy 2 per week for 4 weeks (8 total) for Left hand. Prior UR on 1/21/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Occupational Therapy 2x4 For The Left Hand: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, second edition Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, and Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd

Edition)-Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** As per MTUS Post-surgical treatment guidelines, physical/occupation therapy of the affected hand/finger is recommended. The patient has completed 8 prior PT sessions and shows improvement in function and range of motion as per PT record. However, pt still lacks fine motor capability and has limited use of hand. Additional therapy via Occupational therapy may be beneficial and still falls without total number of recommended sessions. Occupational Therapy for left hand is medically necessary.