

<b>Case Number:</b>	CM15-0006567		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old female, who sustained an industrial injury on August 14, 2014. The injured worker has reported a right small finger injury. The diagnoses have included a proximal phalanx fracture of the right little finger and status post open reduction and internal fixation of the right little finger. Treatment to date has included pain medications, diagnostic testing, casting, a home exercise program, sling, an open reduction and internal fixation of a proximal phalanx fracture of the right little finger on August 18, 2014 and post-operative physical therapy. The injured worker participated in a home exercise program with poor progress. Physical therapy was noted to be helpful. Current documentation dated December 9, 2014 notes that the injured worker was four months status post open reduction and internal fixation of the right little finger. Physical examination of the right little finger revealed a decreased range of motion. Plan of care was to start night flexion splinting and occupational therapy services. On January 7, 2015 Utilization Review modified a request for occupational therapy 2 times a week for 6 weeks for the right little finger. The MTUS, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of occupational therapy 2 times a week for 6 weeks for the right little finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy twice a week for six weeks for the right little finger/right hand:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (updated 11/13/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker may benefit from additional physical medicine as a home exercise program has not been successful, and physical therapy has been beneficial. The number of sessions requested are in excess to the recommendations of the MTUS Guidelines. The request for Occupational therapy twice a week for six weeks for the right little finger/right hand is determined to not be medically necessary.