

Case Number:	CM15-0103580		
Date Assigned:	06/08/2015	Date of Injury:	03/13/2015
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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:

The injured worker was a 52 year old male, who sustained an industrial injury, March 13, 2015. The injury was sustained when the injured worker was polishing a machine and got the right hand in a rotating part of the machine. The injured worker previously received the following treatments splinting of the right index finger, right wrist brace, right forearm x-rays, right hand x-rays and right wrist x-rays. The injured worker was diagnosed with index and long finger phalanx fractures. According to progress note of May 4 2015, the injured workers chief complaint was right wrist, right hand and fingers. The pain radiated into the right ulnar of the wrist. The injured worker reported tenderness and aching along DIPJ of index finger and aching along the DIP joint and middle finger. The physical exam noted decreased range of motion to the right wrist. The pain level was 6 out of 10 at rest, IF pain was 4 out of 10 and MF pain was 2 out of 10. The treatment plan included occupational therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the right wrist, quantity: 24 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The California MTUS does not specifically discuss the number of therapy sessions following finger fractures not requiring surgical treatment, but the guidelines for treatment after more severe fractures requiring surgery are reasonably used as a starting point. The guidelines would support up to 16 therapy sessions over 10 weeks following surgical treatment of one or more finger phalanx fractures, with an initial course of treatment being half those sessions and consideration of additional sessions up to the maximum 16 considered if there were documented functional improvement with initial therapy. In all cases, continued treatment is appropriately contingent on documentation of efficacy of initial treatment, that is, it makes no sense to continue failed or ineffective treatment. In this case therapy is appropriate, but the requested 24 sessions cannot be justified at this time. Therefore the request is not medically necessary.