

Case Number:	CM15-0108706		
Date Assigned:	06/15/2015	Date of Injury:	11/21/2014
Decision Date:	07/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 61 year old female with an industrial injury dated 11/21/2014. The injured worker's diagnoses include partial amputation of right index finger. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 05/11/2015, the injured worker reported pain at right index finger. The injured worker reported that she just started physical therapy on 5/8/2015. Objective findings revealed tenderness at distal amputation site and well healing scar with no sign of infection. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for 12 additional occupational therapy visits for the right index finger now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional occupational therapy visits for the right index finger: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in November 2014 with a right index finger laceration that became infected. She is right hand dominant. She underwent amputation through the middle phalanx on 02/11/15. When seen, there was tenderness and pain with slow healing. Guidelines recommend up to 18 visits over 6 weeks for this condition. In this case, the number of treatments is within that recommendation and is medically necessary.