

Case Number:	CM15-0131861		
Date Assigned:	07/20/2015	Date of Injury:	09/07/2014
Decision Date:	09/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/08/2015

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 53 year old male with an industrial injury dated 09-07-2014. The mechanism of injury is documented as a motor vehicle accident. His diagnoses included trigger finger of left index finger, left groin muscle strain and left forearm tendon laceration. Prior treatment included surgery, corticosteroid injection of left index finger, occupational therapy and physical therapy. He presents on 04-22-2015 status post repair of the extensor tendons of left middle, index and ring fingers on 09-08-2014. He was status post local corticosteroid injection to left index finger. He had noticed more pain in that area with some triggering. He was also status post-trigger finger release 2 weeks prior to visit. He was taking Ibuprofen which was not helping. He had been off work since his accident. Objective findings noted improved range of motion of the left wrist. He was able to fully extend all fingers of the left hand but unable to bend his left index finger. He was not able to make a full fist. Treatment plan included occupational therapy, orthopedic follow up and return to work with modified duty for 2 weeks. Treatment request is for occupational therapy 1 time a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The claimant sustained a work-related injury in September 2014 and is being treated for left upper extremity pain. Treatments have included occupational therapy with completion of 23 therapy sessions as of 05/04/15 including therapy provided after a trigger finger release of the second finger in April 2015. Prior surgery included extensor tendon repair of the left middle three fingers in September 2014. When seen, physical examination findings included improved left wrist and hand range of motion. There was decreased left second finger flexion. He was unable to make a full fist. Being requested is 6 occupational therapy treatments. After surgery for a trigger finger, 9 therapy treatments over 8 weeks can be recommended. Guidelines recommend an initial course of therapy of one-half of this number of visits. In this case, the number of treatments being requested is in excess of guideline recommendations. The claimant's surgery appears uncomplicated and he has already had occupational therapy with similar expected therapeutic content. Providing skilled therapy services in excess of that recommended could promote dependence on therapy provided treatments and is not medically necessary. Therefore, the request is not medically necessary.