

Case Number:	CM15-0142605		
Date Assigned:	08/03/2015	Date of Injury:	08/07/2014
Decision Date:	09/01/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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 31 year old male who sustained an industrial injury on 8-7-14 involving amputation of his index and middle digit tips of the left hand and had a thenar flap for index digit closure. He currently complains of left index digit pain and locking which had worsened over time. On physical exam of the left index digit there was contracture of proximal interphalangeal joint. Medications were Norco, Naprosyn, and gabapentin. Diagnoses include amputation of digit; digit joint contractures; status amputation, digit. Treatments to date include physical therapy; medications; home exercise program; cortisone injection (12-22-14); splint. On 7-1-15 the treating provider requested continued therapy with static flexion loops X10 for left index digit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy with static flexion loops x 10 sessions of the left index finger:

Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is identification of prior physical therapy. However, the patient has had extensive surgical intervention with complicated recovery including contractures. If the contractures are not dealt with, the patient may need additional surgery. Therefore, the quantity of therapy being needed would fall outside the normal recommendations of guidelines. Additionally, further treatment goals are documented. As such, the currently requested additional therapy is medically necessary.