MAXIMUS Federal Services

Case Number:	CM15-0188773		
Date Assigned:	09/30/2015	Date of Injury:	01/08/2014
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 46-year-old female who sustained an industrial injury on 1-8-2014. Diagnoses have included dysfunctional deformities left hand, status post injury, and left hand injury with disfigurement and loss of function. Treatment included post-injury surgery on her left hand resulting in constricting web contracture between the 3rd and 4th metacarpals of her left hand, with malrotation of the left little finger and residual middle finger stiffness. A hand specialty consultation report 3-19-2015 stated that she had multiple surgeries to "try to restore function." She was able to grasp, but her long and small fingers are hooked and could not be fully extended. She received subsequent ray resection and reconstruction surgery 4-14-2015. Post-operative documented treatment includes pain treatment with medication and injections, and at least 10 physical therapy and occupational therapy treatments. She had switched to a new therapy provider which is stated 8-27-2015 as "much better, and very effective." The progress note states the injured worker "needs more occupational therapy" to fabricate night splint for PIP extension of her fingers. 8-27-2015 visit revealed left little finger with 45 degrees PIP flex contracture and 35 degree DIP flex contracture. The injured worker reports periods of decreased sensation in the left upper extremities. The treating physician's plan of care includes 24 additional sessions of occupational therapy for the left hand, which was denied on 9-9-2015. The injured worker has not worked since 1-8-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy (OT) to the left hand/fingers 2 times a week for 12 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, and Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: According to the guidelines, therapy is appropriate in a weaning basis with additional therapy to be performed at home. For those who have hand significant hand surgeries and amputation, up to 30 visits over 6 months may be necessary for physical therapy. In this case, the claimant had surgery 5 months ago and there were at least 10 visits with therapy. However, the progress note on 5/29/15 indicated the therapy was not done in an appropriate and genuine fashion. The request for 24 more visits is reasonable due to the nature of multiple surgeries, significant injury and persistent contractures. The occupational therapy request is necessary.